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ABSTRACT

This third volume of the 1981 Report of the Select Panel for the Promotion of Child Health presents a compendium of background data on various aspects of maternal and child health in the United States. The volume is divided into two sections. Section I consists of six chapters of text and Section II consists of 120 tables. The text is designed to facilitate interpretation of the tables, to highlight the data, and to provide references to recent analytic studies and major sources of data. Section I discusses the following topics: the changes which have occurred in children's living conditions; the conditions influencing and surrounding the beginning of life, including fertility, family planning, parental and hospital care, and the health status of the newborn; the environmental and social facts influencing family health; the health status and needs of children and youth; the resources available for health care of children; and the use of health services. Selection of the tabular data presented in Section II is based on five criteria: population coverage (national or large subgroups of the U.S. population), statistical reliability and validity, timeliness, importance to public health or social medicine, and relevance to social policy. An index of tables relevant to each chapter in Section I is provided in order to facilitate use of the tables. (Author/MP)

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BETTER HEALTH FOR OUR CHILDREN: A NATIONAL STRATEGY

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The Report Of The Select Panel For The Promotion Of Child Health

To The United
States Congress
And The Secretary
Of Health
And Human Services

1981

Volume III
A Statistical Profile

THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Office of the Assistant Secretary for Health
and Surgeon General
DHHS (PHS) Publication No. 79-55071

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE SECRETARY

SELECT PANEL FOR THE PROMOTION
OF CHILD HEALTH
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December 2, 1980

Honorable Patricia R. Harris
Secretary
Department of Health and Human Services

Honorable Edward M. Kennedy
Chairman, Subcommittee on Health and Scientific Research
Senate Committee on Labor and Human Resources

Honorable Henry A. Waxman
Chairman, Subcommittee on Health and the Environment
House Committee on Interstate and Foreign Commerce

Dear Secretary Harris, Senator Kennedy, and Congressman Waxman:

I am proud to transmit to you the report of the Select Panel for the Promotion of Child Health, in accordance with Public Law 95-626 which created the Panel.

The 17 members of the Panel and our staff have devoted an extraordinary amount of time, energy, and--we hope--wisdom to our task. Our commitment has reflected how seriously we have all come to take the opportunity offered us by the breadth of the mandate Congress assigned to us. The chance to design the foundations of a national effort to improve the health of our children has infused our work with excitement and zest. It has also permitted us to mobilize the contributions of hundreds of individuals and organizations throughout the country, engaged in large ways and small in understanding and serving the health needs of this country's children and families. The Panel, and the Nation, are profoundly in their debt.

We were impressed with the richness and diversity of available talent, competence and commitment, reflected in the accomplishments of a great variety of public programs and private efforts in communities throughout the country. We also became starkly aware of the extent of the unsolved problems that remain.

Our recommendations reflect a hardheaded analysis of serious unmet needs in child and maternal health, a recognition of past successes and future opportunities for effectively meeting these needs, careful consideration of the weaknesses and strengths of current Federal programs and policies, and a sober and pragmatic assessment of the capacity of our institutions to provide parents, professionals, and others working to improve child health with the scientific, financial, and organizational support they need.

Volume I of our report presents our major findings and recommendations.

Volume II contains specific recommendations for improving five major Federal programs with significant impact on child health:

- -- Title V of the Social Security Act
- -- The Special Supplemental Food Program for Women, Infants and Children
- -- P.L. 94-142: The Education for All Handicapped Children Act
- -- Medicaid and EPSDT
- -- Community Mental Health Centers and Services Systems

Volume III consists of what we believe to be the most comprehensive compilation of data on child health in the U.S. yet to be published.

We also submit a collection of background papers, listed at the end of Volume I, which were prepared for the Panel, and which we believe will be extremely useful to those who wish to become familiar in greater depth with selected aspects of the issues we have analyzed.

Some of our recommendations should be acted on immediately. Others are designed to be considered and implemented over a period of years. All of our recommendations are practical, and as specific and concrete as we have been able to make them.

The goals we set out encompass an extremely broad sweep of issues. In accordance with our congressional mandate we have addressed and analyzed issues and policies pertaining to the physical environment, health behavior, health services organization and financing, and health research. We did not try to go beyond these, although we are fully aware that other aspects of the social environment exercise a powerful influence on health. It is true that if we could eliminate poverty and racism in this country, if high quality preschool programs and community supports for families were more available, if teachers and schools were more effective, if we had full employment and every young person could look forward to productive work, our health indicators would improve significantly. Nevertheless, we have not focused on these issues, both because they are outside the Panel's mandate, and because we wish to help direct public attention to the extensive opportunities to improve child health by improving health policies and programs.

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The Panel has asked me to call your attention to an additional problem we faced in defining our mandate. As you know, the legislation that established the Panel asked us to look at the health of "children and expectant mothers." Child health is obviously inseparable from maternal health. The health of the mother during pregnancy is unquestionably a major determinant of child health. But as we looked beyond purely physiological factors in child health, we found that our concerns must include fathers as well as mothers, both in relation to their role in the decision to conceive a child, and to their continuing role in providing nurturance, support, protection, and guidance to their children as they grow. Not only is the family the primary unit for the delivery of health services to infants and children, but the family environment is probably the greatest influence on a child's health. We wish to be clear that our use of the term "maternal and child health," when we describe and analyze both needs and interventions, is in no way inconsistent with our conviction that fathers as well as mothers are central to raising healthy children.

We are grateful for the opportunity you have given us to engage in this work, and thank you for the help and support we have received from you and your associates in the course of our deliberations. We trust that the value of our efforts will prove to have justified the investment that the American public has made in the creation of this report.

I am sure you share with us the conviction that public policy, no matter how well conceived and carried out, can contribute only modestly to the vigor, grace, and joy we wish to see in our children's lives. But as our report makes clear, public policy and programs can mean the crucial difference, especially in the lives of the most vulnerable of our children.

We hope most profoundly that this report will contribute to shaping public policy in ways that will help all American families and communities to protect and promote the health of all of our nation's children.

Respectfully and sincerely yours,

Lisbeth B. Schorr

Lisbeth Bamberger Schorr
Chairperson

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†The Panel members who are representatives of the Department of Health and Human Services wish to commend the Panel as a whole for its thorough information gathering and careful analysis of child health problems. They believe the Panel's report is an extremely useful document. However, the specific programmatic and budget recommendations contained in the report have not yet been formally considered by the Department or by the Executive Office of the President. Thus, participation by Department representatives in the Panel's activities cannot be construed as an Administration endorsement of the recommendations.

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FOREWORD

The mandate of the Select Panel for the Promotion of Child Health to develop "a comprehensive plan to promote the health of children and pregnant women" has necessitated an evaluation of the health-related data for women of childbearing age and for children.

What do we know about the Nation's children and pregnant women: their health status, living conditions, and health-related behavior? What are their patterns of family living and are these associated with health status? What health care do they receive, and what health resources are available to them? These are some of the broad questions that this volume attempts to answer, through tables and text, in order to support the Panel's work in developing the comprehensive plan. The information has been used by the Panel during its deliberations and in preparation of its recommendations, which are in volumes I and II.

The volume is divided into two sections. Section I consists of text and section II of 120 tables.

The text is designed to facilitate interpretation of the tables, to highlight the data, and to provide references to important or recent analytic studies and to major sources of data. It is not designed to analyze all of the data in this volume or in all epidemiological studies. The hope is that it will serve as an introduction to readers who will browse through the tables and find the information they need to make their own interpretations. An index of tables relevant to each chapter is provided at the end of the text and a subject index at the end of the tables to facilitate such use.

Chapter 1 is an overview of changes in the conditions in which children live in the United States and provides some indication of the changes that are projected.

Chapter 2 is devoted to the conditions influencing and surrounding the beginning of life, including fertility, family planning, prenatal and hospital care, and the health status of the newborn—using infant mortality as an indicator. Concern for the child's well-being must start here, as this is the time when the child is at the greatest risk of long-term damage or death.

Chapter 3 is a return to some of the conditions discussed in chapter 1. The focus is on characteristics of families and adults with whom children live and the relationship of these characteristics with the health and health care of children. Data are included on other factors believed to influence health or health behavior, such as immunization, sanitation and water supply, nutrition and diet, and health education. There is a discussion of the data on child abuse.

Chapter 4 is a description of the health status of children and youths. Data on death rates, institutionalized children, and children with life-threatening or limiting chronic conditions are included. However, the greater part of the chapter is spent on health status indicators for the vast majority of children who are living in the community.

Chapter 5 concerns the resources available for the health care of children—medical personnel, facilities, and financing. Data on changes in the supply and cost are included.

Chapter 6 contains a discussion of the use of medical and dental care, places where children receive medical care, and differentials among children in the amount of care and the places where care is received. Data on diagnoses for visits to office-based physicians and for hospitalizations are discussed, as are some of the characteristics of the visits to office-based physicians.

Unless there is a specific reference in the text, the data and the references are in the tables in section II. The tables are not referenced in the text. Instead, an index to the tables relevant to each chapter (many of which are not explicitly discussed) follows the text. The index should enable the reader to examine the data and make additional or different interpretations.

The tables follow the same order as that used in *Health United States* to facilitate comparison of data on pregnant women and children with data for the entire population. Some of the tables are identical to those in *Health United States*, which, since that volume is published annually, will enable the user to find comparable information in years to come.

Despite the large number of tables, they are only a selection from the vast amount of data available. The selection was based on five criteria: population coverage (national or large subgroups of the U.S. population), statistical reliability and validity, timeliness, importance to public health or social medicine, and relevance to social policy.

The approach taken to select and present the information imposes restrictions. There are no data from clinical trials, local area studies, studies of special population groups, or studies of rare conditions even though such studies are of great importance. Many were used for the background papers in volume IV and as the basis for recommendations in volume I.

The tables were designed for an easy-to-use presentation of numbers, rates, and percentages. They were not designed to present cross-classification of many simultaneous variables; and there is no multivariate analysis. For example, differences in the proportion of children who have visited a doctor are shown according to income and education separately, as if each were independent of the other, rather than considering them simultaneously. The reader should not conclude that increasing income or increasing education would all by itself increase the proportion of children receiving care.

The data are cross-sectional, not longitudinal. Thus, one should be wary of inferring that low parental education or living in a particular geographic area is the cause of a child's ill health. The most that can be said is that children in specific circumstances are more likely to be in poor health.

Every effort has been made to include only data of known statistical reliability or validity. In general, this means that the data are from national probability surveys, the decennial census, and the national vital registration system. All of these are subject to reporting and measurement error and to the possibility of the accuracy of reporting changing over time, but errors and changes have been studied and there are estimates of their magnitude. Samples are also subject to sampling error. For a probability sample, sampling errors can be calculated so that the user knows how much confidence to place in the estimate. Sampling errors are computed for all U.S. Bureau of the Census and National Center for Health Statistics surveys and are available in the source documents, but they are not shown in the tables in this volume. Instead, the tables are designed so that estimates with a large sampling error are not usually presented; in some cases where such estimates are shown, they are flagged.

Insofar as possible, data were selected so that the tables on all subjects would refer to the same point in time—approximately the mid-1970's. Older data were used when nothing was available for the later time; newer data were used when there was reason to believe that there had been a change. All time trends and text references include the latest information available when this volume went to press.

Finally, there are restrictions imposed by the lack of data. Little information is available about Hispanic children for example. The lack of data should not be the basis for judging that an issue is not important.

Many people provided leads to sources of data, furnished published and unpublished data, and reviewed portions of the text or tables. The names of some are known, while others are unknown. Those whose names are known are acknowledged in volume I. To everyone, known and unknown, without whose help the data presented in this volume could not have been brought together, thank you.

Three agencies of the Public Health Service made such extensive contributions that the volume could not be what it is without their help. The National Center for Health Statistics loaned the author to the Panel and made the NCHS data freely available. The Bureau of Community Health Services funded two special sets of tabulations. These agencies made the inclusion of previously unpublished data possible. The Centers for Disease Control provided extensive background material. To these agencies and to all of the others which provided publications, results of funded research, and other help, thank you.

Despite the generous help of many people and organizations, error in presentation or interpretation may remain. The responsibility for them, of course, is the author's.

Mary Grace Kovar

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Volume III
A Statistical Profile

SECTION I

DISCUSSION

CHAPTER 1

THE CHANGING WORLD OF CHILDREN

THE NUMBER OF CHILDREN

The best estimate, before the results of the decennial census are released, is that there are 62 million children and youths under 18 years of age in the United States—about 7.7 million fewer than there were in 1970. This decade has seen the children of the baby boom grow up and reach adulthood. In 1980 the children born in 1954 (the first year that there were 4 million or more births) became 26 and the children born in 1964 (the last year that there were 4 million or more births in this country) became 16 years of age.

The small number of children born during the 1970's does not mean that the number of children will continue to decline. It only means that we do not now have, and do not expect to have again in this century, the large number of children we have had in the recent past. If women have an average 2.1 births during their lifetime (the number used by the U.S. Bureau of the Census for the midlevel fertility estimates), there will be a gradual but steady increase to 65 million children by 1990, and to 69 million by the year 2000—approximately the same number as in 1970. If, on the other hand, the average number of births is 2.7 per woman (the number used for the high fertility estimate), there will be about 88 million children by the year 2000. If there are only 1.7 births per woman (the number used for the low fertility projection), there will be about 57 million children then (*1*).

It is impossible to know how many children will be born during the next 20 years. Based on the responses of young married women in their early twenties, we can predict them to have an average of 2.1 children. Although an individual woman may have more or fewer children than she expects when she is young, the projections based on women's own expectations are remarkably accurate (*2*). However, the birth rate is influenced by many factors: for example, availability of effective contraception and abortion, unemployment rates, rates of women's participation in the labor force and of inflation, availability of housing, and divorce and marriage rates.

MOTHERS IN THE LABOR FORCE

One of the most striking changes during the past few years has been the increase in women's participation in the labor force. Unprecedented numbers of women entered the labor force during the 1970's; more women entered or reentered the work force during that decade than during any other decade of this century (*3*). The greatest increase was for women 25–34 years of age: 62 percent were employed in 1978 compared with 45 percent in 1970. In the past, many of these women would have stopped working when they married or had children.

One result of this change is that a higher proportion of children have mothers who work. While the number of children decreased, the number of children with working mothers increased by 3.3 million from 1970 to 1977 (*4*). Younger children are less likely than older children to have working mothers. Nevertheless, in 1977, 38 percent of the children who were under 6 years of age had mothers who worked, and by 1990 that proportion is projected to be 45 percent (table A).

On the average, black children are more likely than white children to have working mothers (55 vs. 46 percent in 1977), and children living with their mothers only are more likely than children in two-parent families to have working mothers (58 vs. 46 percent in 1977) (*4*). However, there are interesting variations by family type. In 1977, about 60 percent of black children in husband-wife families had mothers who worked in contrast to 45 percent of white children. On the other hand, 63 percent of the white children but only 51 percent of the black children living with their mother only had a working mother. In the mother-only families, the proportion with working mothers was greater for white children of every age.

The planning for small families and the increasing participation of wives in the labor force may be motivated by economics. A recent study estimated that in 1977 the total direct cost of raising a child from birth through college ranged from $44,200 for families whose after-tax income was $10,500–$13,500 to $64,200 for families whose after-tax income was $16,500–$20,000 (*6*). According to the study, a mother would, on the average, forego about $100,000 in earnings if she stayed out of the labor force until her child was 14 years of age. If the mother had only an elementary school education she would forego $75,000; if she had a postgraduate education, $155,000. Regardless of the mother's level of education, her lost earnings were greater than the direct cost of raising the child. Because the Tax Reform Act of 1976 instituted a tax credit for child care expenses for all parents who meet the requirements, mothers of young children, especially those mothers with higher levels of education, may be encouraged to remain in the labor force while their children are still young.

A mother in the labor force can make a significant contribution to family income when fathers are unemployed, not in the labor force, or absent. In 1977, 13.7 million children had a father in one of those circumstances. In each category, the family income was considerably higher if the mother worked (table B).

TABLE A. Children Under 6 Years of Age and Number and Percent of Children Under 6 Years of Age With Mothers in the Labor Force: United States, 1970–90 Selected Years

Year	Children Under 6 Years of Age: Total	Mother in Labor Force	
	Number in thousands		*Percent*
1970	19,606	5,590	28.5
1975	18,134	6,512	35.9
1977	17,117	6,431	37.6
1990	23,331	10,453	44.8

SOURCE: Reference 5.

TABLE B. Family Income by Father's and Mother's Work Status: United States, 1977

Father	Mother: In Labor Force	Not in Labor Force
	Median family income in dollars	
Unemployed	13,900	8,800
Not in labor force	11,600	7,100
Absent	7,800	4,200

SOURCE: Reference 4.

SINGLE-PARENT FAMILIES

There is no numerical reason why children today should not be well cared for. There are two adults 18–64 years of age for every child under 18 years of age. Not since 1950 have there been so many adults of working age relative to the number of children. However, the proportion of children who are living with only one parent (or no parent) has been increasing steadily. That proportion increased from 9 percent in 1960 to 13 percent in 1970 to 19 percent in 1978, and Glick has projected that, in 1990, 25 percent of all children will be living with only one parent (7). Thus, while the proportion of children relative to adults has been decreasing, the proportion of children having only one adult to provide daily support and care has been increasing. Despite the widespread media attention to children living with their fathers, most children living with one parent live with their mothers—living only with a father is rare. In 1978, less than 2 percent of the children in the United States lived only with their fathers in contrast to 17 percent who lived only with their mothers. The comparable figures for 1990 are projected to be 2 and 23 percent, respectively.

Being raised by one parent is not a new phenomenon in this country. At the turn of the century about 29 percent of the children had only one

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parent during some part of their childhood (*8*). By the mid-1970's, it was estimated that 45 percent of the children would spend some part of their childhood with only one parent and that 26 percent of the children would have been involved in a divorce (*7, 9*). It is projected that by 1990 about 50 percent of the children will spend some part of their childhood with only one parent and that 32 percent will have been involved in a divorce. Thus the increase over the 90-year period will be about 30–50 percent.

The reasons for living with only one parent are vastly different today from the reasons in 1900, and the household arrangements are also different. In 1900, a child with only one parent had usually lost a parent through death and the lost parent was about as likely to be the mother, who perhaps died in childbirth, as the father. When this happened, children were often raised by relatives or were sent to orphanages.

Today, death rates for young adults are much lower but divorce rates are higher, as are birth rates to unmarried women. Single parents are more likely to maintain separate households for themselves and their children. The increase in the proportion of children in one-parent homes is due primarily to the increasing number of divorces. Each year beginning in 1972, more than 1 million children under 18 years of age have been involved in a divorce and, although the number of children per divorce has been decreasing due to falling birth rates, the total number of children affected has been increasing and reached 1,147,000 in 1978 (*10*). In contrast, 544,000 children—16 percent of all births—were born to unmarried women that year (*11*).

About half of all marital disruptions in the early 1970's occurred to children under 6 years of age (*12*). Black children were more likely than white children to experience marital disruption, were younger when the disruption occurred (5.0 vs. 6.5 years of age), and were more likely to remain with their mothers in single-parent families for substantial periods of time. Five years after the disruption, over one-third (35 percent) of the white children and four-fifths (82 percent) of the black children were still under 18 years of age and their mothers had not remarried.

Bumpass and Rindfuss estimated that if the divorce experience of 1970–73 holds throughout the children's lifetimes, one out of three (33 percent) white children and three out of five (59 percent) black children born after their mother's first marriage will experience marital disruption through divorce, separation, or death of a parent before the child reaches 16 years of age (*12*).

LOW-INCOME FAMILIES

Because on the average women earn less than men and because a single adult earns less than two adults, households headed by women frequently are low-income households. The reduced economic circumstances of families headed by separated or divorced women in the years immediately following the marital disruption have been amply documented (*13*). According to the U.S. Bureau of the Census, in 1978, children in families headed by women were about six times as likely as children in families headed by men to be living below the poverty level.

The increasing proportion of children living with a mother only, coupled with the differential in family income between husband-wife and woman-only families, is one reason that the proportion of children living in poverty has remained high. From 1970 to 1978 the proportion of children living in poverty actually increased somewhat from 15 to 16 percent. For those children in a family with a man as head, the proportion declined from 9 to 8 percent. For those living in a family with a woman as head, the proportion declined from 53 to 51 percent. However, at the same time, the proportion of children living without a father in the household increased from 11 to 17 percent (*14*). Children were shifted from the relatively more to the relatively less affluent family situation.

Similarly, the income differential between black and white people, coupled with the higher proportion of black children living with a mother only, accounts for the much higher proportion of black than of white children who live in poverty (41 vs. 11 percent in 1978).

OTHER CHANGES

Other changes have occurred that affect children, and may have had an influence on their health. Increasing proportions of children are in school at younger ages. In 1940, only 43 percent of all children 5–6 years of age were attending school; by 1970, 90 percent were enrolled in school; and by 1977 the proportion had risen to 96 percent. The proportion of children 3–4 years of age enrolled in school increased from 13 to 32 percent in the 11 years from 1966 to 1977. The proportion of older children (14–17 years of age) attending school had increased earlier, from 79 percent in 1940 to 94 percent in 1967, and has remained at about that level.

Unlike children of earlier times, most children today grow up in an urban environment. In 1940, 50 percent of the children under 18 years of age lived in urban areas. By 1970, 72 percent of the children lived in urban areas, and the slow movement back to more rural areas which is occurring today has not caused that proportion to decrease significantly.

Television, which was relatively uncommon when many of today's parents were children, has become a major factor in children's lives. By the time they reach the age at which they should be graduating from high school, most children have spent more time in front of a television set than in school (*15*).

The number of families with cars and the number of cars per family have increased, and in many jurisdictions the driving age has been lowered to 16 years. Many children are driven to school or other activities when they are young and as soon as they are legally permitted, they or their friends drive themselves wherever they go.

The children of 30–40 years ago may have been isolated if they grew up on farms with no companions their own ages but the movement to metropolitan areas may not have meant an end to isolation. Children in small families where the adults work, and where the television is all consuming, may also be isolated.

In many States, the drinking age has been lowered. Alcohol and nicotine are more widely and openly used by adolescents, and marihuana, which was unknown to most of the parents of today's children, has become a commonly used drug.

Finally, there is the increasing level of sexual activity among young women who are themselves still legally children. Data prior to the 1970's are scarce, but certainly during the 1970's the proportion of school-age adolescent females who were sexually active increased (data on males were not collected until 1979) (*16, 17*). A significant number of these young women became mothers (213,000 in 1978).

CHAPTER 2

PREGNANCY AND CHILDBIRTH

FERTILITY RATES

The birth rate and the number of babies born have both declined steadily since 1961 when 4,268,000 babies were born. Although demographers had been predicting a rise when the baby boom children themselves reached adulthood, the decline continued until there was a minor upturn in the number of births in 1976 and in the birth rate in 1977. The increase has continued into 1980. During the 12-month period ending with July 1980, there were 3,544,000 live births, 4 percent more than during the comparable 12 months a year earlier. The birth rate was 3 percent higher than it had been during the previous 12 months (*18*).

The decline was due to women having fewer babies on the average and postponing having the first child. An examination of age-birth-order specific rates suggests that women having previously postponed births accounts for the increase. The rate of first births has been rising among women ages 25–34 while rates among young women and rates of higher order births among older women have been declining. If that is indeed the case, the number of children born may increase over the next 10–15 years as large numbers of women move into their late twenties and early thirties. There will, however, be no enormous upturn as the number of births married women expected to have was lower in 1978 than in any year since data were first collected in 1967.

Adolescent fertility rates have been declining since 1972 and the number of births to adolescents under 18 years of age has been declining since 1973. The number of births to young women under 18 years of age was still higher in 1978 than it had been 10 years earlier, but if the downward trend in the rates continues, the number in 1979 will be lower than the number in 1969. As the number of adolescent women declines, as it will over the next decade, the number of births to adolescents will continue to decline even if the decline in the birth rate does not continue.

At the same time the proportion of births to adolescents (and the proportion of births to all young women under 25 years) who are unmarried increased. By 1978, a quarter of all births to women 15–24 years of age and 57 percent of the births to adolescents 15–17 years of age were to unmarried women. A decade earlier the comparable percentages were 14 and 40. There is no indication of a downturn in this trend. At present, the proportion of young pregnant women who marry before the child is born is still decreasing.

Both birth rates and the proportion of births to very young women and to unmarried women vary enormously by population subgroups and among different areas of the country. Birth rates and the proportion of births to unmarried women are still higher among black women than white women, and the difference is especially large among adolescents even though fertility rates have declined more rapidly among black adolescents than among white adolescents. Birth rates are generally lowest in the Northeastern States and highest in the Mountain States while the highest proportions of out-of-wedlock births were in the South. Over half of all births in the District of Columbia in 1976 were to unmarried women.

The births to very young women and to unmarried women are particularly worrisome from a health standpoint because the child is at greater than average risk of getting a poor start in life. In 1977, when 7.1 percent of the babies weighed 2,500 grams or less at birth, 11.0 percent of the babies born to adolescents under 18 years were low-birth-weight babies. Even for those young women who began prenatal care during the first trimester of pregnancy (which relatively few did), 10.4 percent of their babies weighed 2,500 grams or less at birth (in contrast to 6.1 percent of the babies born to women 18–39 years of age and 8.4 percent of the babies born to women 40 years of age or older who began care that early).

The number of young women receiving early prenatal care would probably be higher if first pregnancies of low-income women were universally covered under Medicaid. Women pregnant for the first time—a group that includes disproportionately large numbers of teenagers and unmarried women—are not universally eligible for Aid to Families with Dependent Children or Medicaid's medically needy program because they have no dependent children. In 1978, 19 States had no Medicaid coverage for prenatal care for these women. In 30 States and the District of Columbia they were eligible if they met criteria of need. (Arizona has no Medicaid program.)

FAMILY PLANNING

Family planning services are defined as contraceptive, sterilization, and infertility services. Women needing contraception or sterilization include all fecund women of childbearing age who are sexually active and are not pregnant or seeking to become pregnant. In 1977, an estimated 6.9 million women with incomes below 150 percent of poverty fit the definition of need; about 4.9 million (71 percent) of them received family planning services from organized providers or private physicians (*19*). No information is available on need or receipt of infertility services.

Improved family planning should reduce fertility as the number of unwanted and unplanned births decreases. If the births prevented are to women whose offspring are at increased risk of death as newborns or infants, increased risk of birth defects, or increased risk of living in a poor environment, then child health should also improve.

An area analysis of the 1969 U.S. family planning program revealed that, independent of other factors, the program had a significant impact, lowering the fertility of lower socioeconomic status women (*20*). Similar results were shown by Darney in a study of Georgia from 1965 to 1971. Counties with high levels of contraceptive acceptance by black women had twice the fertility decline among black women than did counties with low acceptance rates (*21*).

A finding of both the 1965 and the 1970 National Fertility Studies was that the rapid decline in the fertility of U.S. married women in the 1960's was due almost entirely to increased control over unplanned fertility. Data from the 1973 and the 1976 National Surveys of Family Growth suggest that the trend toward improved planning of births continued in the early 1970's but that significant social differentials in fertility remained. In particular, women who were low on the Federal Poverty Index tended to have less control over their recent fertility (*22*).

From 1965 to 1976, the proportion of married couples in the United States using the most effective methods of birth control—oral contraceptives, the intrauterine device, contraceptive surgical sterilization—has steadily increased (*23*). In 1976, approximately half of all married couples (48 percent) were using one of these methods. When the less effective methods are added (diaphragm, condom, foam, rhythm, withdrawal, douche, and other), approximately 68 percent of married women were using a contraceptive method both in 1973 and 1976. In addition, about 7 percent of the couples were sterile in 1973 and 11 percent in 1976 primarily because of noncontraceptive surgery. Thus, only 21 percent of the married women were fecund and not using some form of contraception in 1976. Of these, 13 percent were seeking to become pregnant, were pregnant, or had just had a baby; 8 percent were nonusers at risk of an unplanned pregnancy.

In 1976, black married women and low-income married women of both races (those below 150 percent of poverty) were less likely to use contraception than white and higher income wives. Although black wives in low-income families had an increase of contraceptive use from 1973 to 1976, they were the least likely to use one of the three most effective methods, had an increase of use of the least effective methods, and had the highest proportion of nonusers in 1976 (*24*).

Use of oral contraceptives by currently married women decreased from 1973 to 1976 (from 25 to 22 percent of all married women 15–44 years of age), a reversal of the increasing oral contraceptive use from 1960 to 1973. This decrease was consistent for all age, race, and income groups, except for a slight nonsignificant increase among high-income black wives ages 25–44 and low-income white wives less than 25 years of age. The highest prevalence (48 percent) of oral contraceptive use in 1976 was among low-income white wives less than 25 years of age (*24*).

Women not currently married reported an increase in the use of oral and intrauterine contraception between 1973 and 1976 (*24*). Sexually experienced women younger than 20 years of age who had never been married were more likely to use some form of contraception in 1976 than in 1971 (*25*).

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The prevalence of surgical sterilization among currently married women increased from 1973 to 1976, primarily due to an increase from 17 to 20 percent in the proportion of white couples who were sterilized for contraceptive reasons; the prevalence for black couples declined from 15 to 13 percent.

The greater proportion of sterilized white couples in 1976 is partly a result of a more rapid increase in the rate of tubal sterilization for white than black women (*26*) and greater utilization of vasectomy by white than black men (*24*). Surgical sterilization was the most popular method of contraception for white couples married 10 years or more, and by 1975 nearly half (47 percent) of these couples had been sterilized. White couples choose about evenly between male and female procedures while among black couples sterilization of males was rare. White couples who had chosen sterilization were disproportionately of high parity; of high fertility during the first 5 years of marriage; prone to have unwanted births; non-Catholic; and from the Western part of the country. The sterilized men tended to be more from the middle class and the women more from the lower socioeconomic level (*27*).

By 1975, tubal sterilizations had become the third most frequently performed surgical procedure on reproductive age women (following elective abortion and diagnostic dilation and curettage). The majority (62 percent) of the women undergoing tubal sterilization in 1975 were ages 25–34. Nine-tenths (89 percent) of the white women who obtained tubal sterilizations in 1975 were currently married, whereas only 66 percent of black women in 1975 were married at the time of the operation. The trend in both racial groups was toward sterilization between rather than immediately following pregnancies (*26*). However, women who have had a cesarean birth were three times as likely as other women to be sterilized in the hospital after the pregnancy (*28*). If the cesarean birth rate continues to increase as it has during the 1970's, both the rate of sterilization and the proportion immediately following pregnancy will increase.

From 1967 through 1978, 6.3 million women obtained 7.9 million legal abortions; about one in eight U.S. women of reproductive age has had a legal abortion. Since the 1973 Supreme Court decisions that declared restrictive abortion laws unconstitutional, the annual number of legal abortions has increased by 85 percent, but the rate of increase has been smaller each year (*29*).

In every year since 1972, women who obtained legal abortions were mainly young, white, unmarried, and childless; for many this was their first abortion. Teenagers have nearly one-third of all abortions, but the percentage decreased slightly between 1972 and 1977. In each year since 1973, women obtained abortions at earlier, and thus safer, gestational ages.

Married women are less likely than unmarried women to obtain family planning services from an organized family planning program. In 1976, approximately 13 million currently married fecund women ages 15–44 had made at least one visit for family planning services within the previous 3 years. Four-fifths (84 percent) had gone to their own physician. Even among married women, a relatively high proportion of teenage women (36 percent), black women (37 percent), and Hispanic women (33 percent) had made their most recent visit to an organized program.

In 1977, an estimated 4.2 million women in the United States were served by organized family planning programs—more than four times the number served in 1968 when substantial Federal funding for contraceptive services began. The annual rate of growth increased steadily from 24 percent in 1969 to 38 percent in 1972 and then decreased as the growth rate in funding decreased. By 1977 the growth rate was 3 percent, the lowest since 1968 (*30–32*).

Approximately three-quarters of all patients served by organized family planning programs had low incomes (150 percent of the poverty index) and nine-tenths had low or marginal incomes (200 percent of the poverty index). Over the last decade, patients of family planning clinics have become younger, of lower parity, and better educated (*30*).

USE AND SOURCES OF MEDICAL CARE

It has often been noted that women are more likely to receive medical care than men and that women of childbearing ages have a great deal of contact with the medical care system. For example, in 1975, 69 percent of the women 25–44 years of age had had one or more contacts with a physician within 6 months and 85 percent had had one or more contacts within a year. The comparable figures for men of the same age were 48 and 67 percent and for children under age 17, 57 and 74 percent (*33* and table C).

Despite their having so many contacts with physicians, women in this age group still had problems obtaining medical care. In 1977, adults age 20 or older were asked on the National Health Interview Survey whether they had problems getting medical care and if so what the problems were. The group most likely to have encountered problems were women 20–44

TABLE C. Contacts With Physicians by Children and Adults Under 45 Years of Age: United States, 1975

	Age		
Contacts With Physicians	**Under 17 Years**	**17–24 Years**	**25–44 Years**
	Percentage of population		
With at least one contact			
Both sexes	74	76	76
Male	74	68	67
Female	73	84	85
	Number per person per year		
Number of contacts			
Both sexes	4.2	4.8	5.1
Male	4.5	3.4	3.6
Female	4.0	6.0	6.4

SOURCE: Reference *34*.

years of age. Problems were reported for 13 percent of these women, in contrast with 8 percent of the women ages 45 and older. For 7 percent cost was the problem and for 4 percent the hours were not good. Eight percent of women 20–44 years of age were prevented from obtaining the care they thought they needed by access problems (*35*).

In 1978, about 12 percent of the women ages 17–44 had no regular source of medical care. In addition, 29 percent had a regular source of care but did not have a regular physician. Women were less likely to have a regular source if they had no third-party coverage to help pay the cost; about 90 percent of the women with public or private coverage in contrast with 79 percent of those with no coverage had a regular source of medical care. However, 77 percent of the women with private or military coverage but only 59 percent of those with Medicaid and 61 percent of those with no coverage relied on a private physician as a regular source of care. The reason the women on Medicaid were as likely as women with private insurance to have a regular source of care is that they relied on outpatient departments (15 percent) or health centers or clinics (8 percent).

The American College of Obstetricians and Gynecologists (*36*) has published standards for the timing and frequency of visits for prenatal care. Inequalities in the receipt of prenatal care have been well documented against such standards by information recorded on the certificate of live birth.

Despite public and professional agreement that women should begin prenatal care early in pregnancy, only three-quarters (74 percent) of all babies born alive in 1977 were born to women who made their first visit for prenatal care during the first trimester of pregnancy. The situation has been improving; 5 years earlier the comparable figure was 69 percent (*37*).

Nevertheless, those women whose need for care (as measured by the likelihood of a low-birth-weight baby) was greatest—very young women, older women, unmarried women, black women, and poorly educated women—were still least likely to receive early care. In 1977, only 32 percent of the 10,000 babies born to mothers under 15 years of age were born to mothers who had made a visit for prenatal care during the first trimester of pregnancy; 21 percent had not made even one visit by the end of the second trimester. The proportion receiving early prenatal care was higher in each succeeding age group to a maximum of 83 percent of the women 25–29 years of age and then lower again to 63 percent of the women 40 years of age or older. Only 56 percent of the black women 40 years of age or older when the child was born had any prenatal care during the first trimester.

Only 45 percent of the women who were unmarried when the baby was born made their first visit during the first trimester. Half of the mothers with no education beyond eighth grade and only 44 percent of the mothers who were under 18 years of age when the child was born made a first visit that early. Young unmarried or undereducated mothers were at a double disadvantage. Only 37 percent of the mothers who were under age 18 and unmarried at the time of the child's birth and 40 percent of those who had not gone beyond the eighth grade received any prenatal care during the first trimester.

While a number of studies have demonstrated that many factors other than prenatal care affect the chance of having a low-birth-weight baby (*38, 39*), it is worth noting that in each age by race, education, or birth-order category, the proportion of mothers of infants weighing 2,500 grams or more at birth who began care during the first trimester was usually higher and never lower than the proportion of mothers of infants weighing 2,500 grams or less who began care that early.

An analysis of 140,000 births in New York City in 1968 suggests that infant mortality can be substantially reduced by identifying women at risk through relatively simple social and medical information collected early in the pregnancy and providing them with appropriate care. "The overall infant mortality rate would have been reduced 16 percent if mothers in each risk category had had the same pregnancy outcome as the other mothers in their ethnic group who had adequate care" (*38*). Yet the New York City data documented the same misallocation of resources as the national data. Those women at greater than average risk were less likely to receive adequate prenatal care than those women at less than average risk.

National data on where women receive prenatal care and who provides the care are scarce. According to the 1975 National Health Interview Survey, there were 32 million contacts (including telephone contacts) during the preceding 12 months (*33*). According to the National Ambulatory Medical Care Survey, there were 20.9 million visits to office-based physicians for prenatal care and 2.4 million visits for post partum observations in 1975 (*40*). Thus, approximately three-quarters of all contacts for prenatal and postnatal care were visits to office-based physicians and, assuming that 10 percent of the contacts were by telephone, about four-fifths of the visits were to office-based physicians. That four-fifths of the visits were to office-based physicians does not mean that four-fifths of the pregnant women received care from such physicians. Women who make relatively few visits for prenatal care are also women who are unlikely to rely on a private physician for their care.

About three-quarters (73 percent) of the visits to office-based physicians for prenatal care were to obstetrician-gynecologists; three-fifths (60 percent) of the visits for post partum observation were to such specialists. Visits for prenatal care were short—32 percent involved 5 minutes or less with the physician and 69 percent involved 10 minutes or less. There was some diet counseling during 14 percent of the visits and medical counseling during 25 percent.

If the data from the National Ambulatory Care Survey are any indication of the amount of time a woman spends with a physician during pregnancy, the total is low. According to that survey on which physicians in office-based practice reported for themselves, the average visit for prenatal care involved 10.7 minutes of direct contact with the physician (*41*). If the American College of Obstetricians and Gynecologists' recommendations of 10 prenatal care visits were met, the physician spent only 107 minutes over the course of the pregnancy. For the woman who made fewer than 10 visits, there would have been even less time. No data were collected in that survey on whether other health professionals in the office spent time with the pregnant woman.

PHYSICIAN SUPPLY AND DISTRIBUTION

Physicians and other health professionals, hospitals and other health care facilities, are not equally distributed across the United States. It is important to bear in mind, however, that there can be an oversupply as well as an undersupply of health care resources. Oversupply of resources has been cited as one of the possible reasons for rising cesarean birth rates, for example. Thus, an area that is below the national average for a particular resource is not necessarily at a disadvantage nor is an area that is above the national average necessarily at an advantage.

It is interesting to examine the relationship between the physician supply [illegible] an area and the timing of women's first visit for prenatal care. In 1975 there were about 40,000 professionally active physicians in the United States including 5,000 in general or family practice and 22,000 in obstetrics and gynecology. Physicians, particularly specialists, were heavily concentrated in metropolitan areas with the heaviest concentration in the large metropolitan areas of the Northeast (*42*).

Overall, in 1975 there were 610 physicians for every 100,000 women of the childbearing ages 15–44, including 107 physicians in general or family practice and 42 in obstetrics and gynecology. During the 3-year period 1975–77, 6 percent of all babies (5 percent of white and 9 percent of black) were born to women who received no care or who received their first care during the last trimester of pregnancy.

In the core counties of the large metropolitan areas of the Northeast, there were 1,047 physicians including 69 specialists in obstetrics-gynecology per 100,000 women 15–44 years of age. However 11 percent of all babies and 18 percent of the babies born to black women in this region were born to women who had no prenatal care during the first two trimesters of pregnancy.

In general, women in large metropolitan areas where there were 56 obstetrician-gynecologists per 100,000 women were no more likely to receive prenatal care during the first trimester than women in medium-sized metropolitan areas where there were only 43. Women in New York State, which had the highest physician-to-population ratio of any State, were less likely to begin care during the first trimester than women in many other States such as Iowa, Ohio, North Carolina, and California where the physician-to-population ratios were much lower.

In the North Central region outside the metropolitan areas where there were 328 physicians including 15 specialists in obstetrics-gynecology per 100,000 women, only 4 percent of the white and 9 percent of the black women failed to receive any care during the first two trimesters of pregnancy. In the comparable areas of the South where there were only 286 physicians including 18 specialists in obstetrics-gynecology for every 100,000 women of childbearing age, the proportion of women failing to receive any care during the first two trimesters of pregnancy was similar—5 percent of the white and 10 percent of the black women.

In part, the lack of a relationship between the physician-to-population ratio and the timing of the first visit for prenatal care may be a function of the fact that some physicians in large metropolitan areas devote large amounts of their time to teaching, research, or administration and relatively little to direct patient care. Even allowing for that possibility, however, it is clear that the mere presence of physicians in an area is not a guarantee that women will receive early prenatal care or that there will be equity of access. The large differences that exist in every geographic area in the proportions of white and black women who begin care during the first trimester are evidence of the lack of equity.

COST AND FUNDING OF MATERNITY CARE

Third-party payment plans for medical care, like all insurance, are designed to pay for the unexpected or unusual event and frequently do not provide much coverage for the "routine" care of pregnant women. (Medicaid programs in 19 States do not pay for the prenatal care of women pregnant for the first time on the grounds that they are not mothers.) The public programs that are designed to provide accessibility to medical care for low-income people only partly fill the need.

Of the married women who had a live birth in 1972, 52 percent had health insurance to help pay for prenatal care and 65 percent had insurance for hospital care (*43*). Both proportions were substantially higher than the respective 36 and 59 percents in 1964–66.

However, only 27 percent of the married women in 1972 had coverage that paid more than three-fourths of the bill for prenatal care and 40 percent had coverage that paid for more than three-fourths of the hospital bill. Only one-fifth (21 percent) of the married women in families with incomes under $5,000 had any insurance coverage for prenatal care compared with two-thirds (67 percent) of the women in families with incomes of $10,000 or more. Young mothers and poorly educated mothers were extremely unlikely to have health insurance for prenatal care. Although unmarried mothers were not included in this survey, it can be assumed that they were also unlikely to have coverage for prenatal care. In 1975, Muller estimated that between 4.4 and 8.4 million women were not covered for prenatal care and that even among those who were, "more than two-thirds of the covered employees have benefits of under $500" (*44*).

Although the use of a different data source means that the estimates are not strictly comparable, data from the 1977 National Hospital Discharge Survey indicate that there has been little change between 1972 and 1977 in the proportion of women who had private insurance to pay for childbirth. Of the 3.3 million patients hospitalized for deliveries in the United States in 1977, 62 percent (2.1 million) listed a private insurance plan as the principal expected source of payment (*45*). Medicaid was expected to pay for 12 percent and other Government programs for 4 percent. Still, 18 percent of the women hospitalized for deliveries expected that they or their families would be the principal source of payment.

The passage of P.L. 95–555 in late 1978 that amended Title VII of the Civil Rights Act to prohibit sex discrimination on the basis of pregnancy means that the proportion of women who have private health insurance to help pay for childbirth should increase as health insurance contracts are renegotiated. That change in law is not reflected in these data.

Adequate prenatal and hospital care can be expensive. If there are complications, costs increase. The direct monetary cost of normal delivery in Jacksonville, Fla., in 1972 was estimated to be $792 in the private sector and $546 in the public sector (*46*). Of the total, $350 was for physician services in the private sector and $122 in the public sector. A cesarean birth, which at that time was relatively rare, added $687 to the cost in the private sector and $498 in the public sector. The average cost of a delivery in Jacksonville in 1972 was $750. Five years later the Health Insurance Institute estimated that the cost of having a baby was over $1,400 including normal newborn care, which was not included in the earlier study (table D).

The rise in maternity care expenditures is due to rising prices and a change in the services. In general, close to 70 percent of the increase in all medical care expenditures for all ages over the past few years has been due to rising prices, 7 percent to population changes, and the rest to the increasing intensity of services (*48*). Muller's 1972 estimate of $750 for the average cost of having a baby assumed that 5 percent of all deliveries were cesarean births. Nationally, the proportion at that time was 7 percent, but by 1978 the national proportion had risen to 15 percent. Simply changing the proportion of cesarean births from 5 to 15 percent and assuming no change in prices would increase the estimate of the private sector cost by $70 to $910. Fetal monitoring and increased use of laboratory and diagnostic tests would also add to costs even in the absence of a price increase.

At the same time, prices have risen. While the Consumer Price Index increased by 87 percent from 1970 to 1979, the price of medical care

TABLE D. The Cost of Having a Baby: 1977

Hospital	
Room and board (3.3 days @ $102.00/day)	$336.60
Nursery (3.3 days @ $60.00/day)	217.80
Labor room	79.00
Delivery room	153.00
Circumcision setup	10.00
Pharmacy (mother and baby)	39.00
Laboratory (mother and baby)	53.00
Subtotal	$888.40
Medical	
Attending physician's complete obstetrical charge	$351.00
Circumcision	29.00
Anesthesia	100.00–150.00
Pediatrician's newborn care	38.00
Subtotal	$518.00–$568.00
GRAND TOTAL	$1,406.40–$1,456.40

SOURCE: Reference *47*.

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increased by 99 percent. Physicians' fees were twice as high and the price of a hospital room two and a half times as high in 1979 as in 1970. The hospital room and board that cost $336.60 in the table above would have cost $416.17 in 1979; the physician's charge would have been $415 instead of $351. The price increases were relatively less, however, than they were in the mid-1970's when physicians' fees and hospital prices were rising more rapidly than they were in the late 1970's. Even the rate of increase in the fees of obstetricians, which have increased more rapidly since 1970 than the fees of other physicians providing primary care, has slowed. In 1970–73, the average annual increase was 11.4 percent; in 1975–78, it was 8.2 percent. By 1978, the average fee for an initial visit to an obstetrician-gynecologist was $29.85 and the fee for a followup visit was $18.23.

NEWBORNS AT RISK

From 1950 to the mid-1960's, there was a gradual increase in the proportion of low-birth-weight babies, followed by a general decline to a proportion just below the 1950 level. During the entire period 1950–76, the proportion of low-birth-weight babies was consistently higher among nonwhite infants and the difference increased with time. By 1976, the proportion of low-birth-weight babies was 6.1 percent for white infants, 13.0 percent for black infants, and 6.9 percent for infants of other races (*39*). While age of the mother and birth order are associated with low birth weight, the decline in the proportion of low-birth-weight babies from 1966 to 1976 was not due to a change in the maternal age-birth-order distribution.

Black babies were far more likely than white babies to be of low birth weight when born at full term (6.3 vs. 2.8 percent), but at gestation ages before 36 weeks, black babies were less likely to be low birth weight (*39*).

Children of mothers who smoke during pregnancy are at increased risk. The evaluation and review of the literature in the chapter "Pregnancy and Infant Health" in *Smoking and Health* document the adverse effect of smoking during pregnancy on survival, birth weight, health, and development of the newborn (*49*). The adverse effects of cigarette smoking are the best documented but other aspects of the mother's behavior during pregnancy such as patterns of food and alcohol intake are increasingly being studied as they are suspected contributing factors in increasing the risk to the child.

The incidence rates of certain severe birth defects, particularly chromosomal abnormalities, increase with advancing maternal age. Many of these can be diagnosed prenatally. In one analysis, the effect of using prenatal diagnosis and elective abortion for severe chromosomal anomalies and neural tube defects was found to reduce the risk of women 35–44 years of age having deformed children to a level comparable with that for younger women. For women 45 years of age and older the risk was substantially reduced but remained two times greater than that for women 34 years of age and younger (*50*). A decline in the incidence at birth of babies with neural tube defects in England and Wales between 1974 and 1977 was partly attributed to antenatal diagnosis and the availability of abortion (*51*).

CHILDREN BORN TO UNMARRIED MOTHERS

New unmarried mothers are in many ways at a disadvantage with respect to raising a child. First, in the majority of cases the unmarried women giving birth are very young: in 1975, more than 52 percent were 20 years of age or under, and 29 percent were 17 years of age or under (*52*). They may not be fully mature physically or emotionally. More likely than not they have not completed high school, and the chances of their doing so after the birth of a child are slim, particularly if they keep the child. A 1971 study of a national sample of teenage women showed that, among those with an illegitimate first birth, 86 percent had kept the babies and were still living with them at the time of the survey (*53*). Such women are less prepared to provide for a child's growth and development than are married mothers. Of the married women who gave birth in 1975, only 13 percent were teenagers (*52*).

Data from other studies indicate that "there are indeed differences in the life chances of legitimate and illegitimate children" (*54*). Using data from California, Berkov and Sklar found a declining level of adoption of children born out-of-wedlock, a pattern of fewer subsequent marriages among unmarried mothers, and fewer stable marriages among those who did marry. They also found a higher risk of an illegitimate child's dying in the first year of life. Although mortality rates for infants under 28 days (neonatal period) were higher than rates for infants of 28 days to 1 year of age (postneonatal period), the differential by legitimacy status was considerably greater in the postneonatal period, indicating that "once outside the hospital, the children are exposed to economic and social conditions that negate advances (in parental, obstetrical, and neonatal intensive care) and reduce their life chances." There was also evidence that childbearing by unmarried women was more likely among poverty than among higher income populations.

The disadvantage to the child appears to be greatest early in life. While a sizable reduction in the levels of fetal death has occurred for babies born to both married and unmarried women and the differential between the two groups has declined, the ratio of fetal deaths to live births was still 56 percent higher for unmarried than married women (15.9 vs. 10.2 fetal deaths at 20 weeks or more gestation per 1,000 live births) in 1975 (*55*).

Overall, in 1975, the proportion of low-birth-weight infants among babies born to unmarried women was about twice as high as the proportion among babies born to married women (12.9 vs. 6.5 percent). The unmarried mothers were younger, were less likely to have received early prenatal care, and had fewer visits for care (7.4 vs. 10.0) (*55*). Each of these factors independently contributed to the risk of the infant's having low birth weight. However the differences in the incidence of low birth weight between infants born to married and unmarried women persisted even after the data were controlled for race, age of mother, educational attainment of mother, month prenatal care began, and live birth order, although the magnitude of the difference was reduced. The high overall difference is due to the multiple risk of women who are unmarried, young, and undereducated.

Because half of all births to unmarried women are to teenagers (*11*), the focus of concern is on these young women and their babies. Adolescents and older teenagers are the only age group to show a consistent rise in illegitimacy rates during the 1970's. Unmarried women giving birth—especially adolescents—are likely to need not only special medical care but also social support. Areas of the country where a high proportion of the births are to unmarried mothers face a heavy burden if they are to provide the necessary financial and social supports. In 6 of the 39 reporting areas that indicated marital status on the birth certificate in 1976, 20 percent or more of the births were to unmarried women.

MORTALITY RATES

In 1978, there were 3,333,279 live births, 45,945 infant deaths, and 321 maternal deaths reported (*11, 56*).

The conditions surrounding childbirth have greatly improved over the past 50 years. In 1930, 65 out of 1,000 babies born alive died before their first birthday (*57*). Twenty years later, in 1950, the rate was less than half that—29 per 1,000. During the following 20 years, the rate of decline was much slower; in 1970, the infant mortality rate was still 20 deaths per 1,000 live births. For reasons only partly understood, the rate again began to decline rapidly, until by 1978 the infant mortality rate was 13.8 deaths under 1 year of age per 1,000 live births. The decline is continuing; the provisional infant mortality rate was 13.0 in 1979 (*58*). Data for the 12 months ending in July 1980 show the rate to be 12.8—3 percent lower than the rate of 13.2 for the comparable period ending July 1979 (*18*).

In 8 years, the infant mortality rate dropped 32 percent. More than 21,000 babies survived in 1978 who would have died if the 1970 rate had prevailed; about 52,000 babies lived who would have died according to the 1950 infant mortality rate, and 171,000 survived who would have died had the 1930 rate prevailed.

The recent decline in deaths (1970–78) has been phenomenal (38 percent) for the first 7 days after birth—the time when the risk of death is greatest; 58 percent of all infants who died in 1978 died during the first 7 days (*56*). These are deaths that can often be prevented by good prenatal care, by appropriate care for the woman at high risk of having her child die, and by first-rate care during delivery and immediately after birth. Part of the improvement is due to relatively fewer births to women who are at high risk because of age or parity; part is due to technical improvements in medical care and to regionalization of maternal and neonatal services. The decline in deaths in the postneonatal period (28 days to 1 year), when the environment in which the child lives is more important, has not been as great—only 14 percent from 1970 to 1978.

Equally striking has been the decline in maternal mortality. In 1950, 83.3 women for every 100,000 live births died from complications of pregnancy, childbirth, and the puerperium (*59*); in 1978, 9.6 women died. The rate for 1978 is 54 percent lower than the rate for 1970.

There is, however, no reason to believe that infant and maternal mortality rates in the United States are as low as they can be. For example, the infant mortality rate for black infants was 93 percent higher than for white infants in 1978; the rate during the first 7 days was 89 percent higher. If the infant mortality rate for black infants had been as low as that for white infants, 6,129 of the 12,747 black infants who died that year would have lived.

Analyses of infant mortality rates for different areas of the country reveal how much variation there is within the United States and give further indication of the possibility for improvement. In 1978 the infant mortality rate in the South was 26 percent higher than the rate in the West and the neonatality rate was 35 percent higher. Even within regions, there was great variation among rates in neighboring States.

Data being collected as part of an evaluation of the efficacy of regionalization of services to ensure that all pregnant woman and their newborn children have rapid sure access to an appropriate level of care indicate that not only mortality but morbidity can be prevented. Neonatal intensive care units, the most complex component of a regionalized system, are expensive—the cost per patient day averages over $500 and bills for a high-risk pregnancy and birth in the $20,000 range are considered normal—which is one reason the approach is being so carefully evaluated (*60*). The data published so far show that the magnitude of significant morbidity is substantial among all infants including those of normal birth weight but that there is an important parallelism between the risk factors for death and those for morbidity in surviving infants (*61*). Reducing the risk of mortality should also reduce the risk of morbidity.

Some of the variation in rates may be due to the uneven distribution of medical resources and access to them. However, the data cited above in this report do not reveal an association between physician-to-population ratios and the timing of a woman's first visit for prenatal care. Such data give no indication of the quality of care provided even for those women who did receive care. Similarly, the ratio of hospital beds to population gives no indication of the quality of care received in the hospital.

Currently, about 99 percent of all births occur in hospitals in contrast to 56 percent in 1940. However, in 1976, 28 percent of all hospital deliveries were in hospitals with no premature nursery and 17 percent were in hospitals with no blood bank. Urban hospitals were much more likely to have these facilities; 80 percent of the babies born in urban hospitals but only 48 percent of those born in hospitals outside metropolitan areas were born in a facility with a premature nursery (*62*).

While there has been a great increase in the proportion of women receiving prenatal care and a shift toward earlier care, an increase in the proportion of births in hospitals, and improvement in the technical capability for safer childbirth, many mothers do not receive adequate prenatal care and children are still born in hospitals that are not equipped for emergencies during delivery or for care of a premature newborn.

Factors Associated With the Decline in Infant Mortality

One of the objectives of maternal and child health programs and of family planning programs has been to reduce the proportion of births to women in high-risk categories and to help women have children when it is best for mother and child. Approximately 27 percent of the decline in infant mortality from 1964 through 1974 can be accounted for simply because of changes in the age and live-birth-order distribution assuming no change in the specific mortality rates (*63*). During this period, 30 percent of the decline in mortality rates for white infants but only 19 percent of the decline for black infants was due to a change in the age and live-birth-order distribution (*64*). Estimates by Lee *et al.* (*65*) indicate that 14 percent of the decline in neonatal mortality between 1950 and 1975 can be attributed to changes in age-parity distributions.

Estimates have also been made of the potential reduction in the U.S. infant mortality through family planning (*66*). Under family limitation assumptions alone, the potential direct reduction through family planning services is about 10 percent, with postneonatal mortality more responsive than neonatal. Under optimal assumptions of family size, spacing of births, timing of the first birth, and termination of the reproductive period, infant mortality might be further reduced by as much as 30 percent.

A relationship between family planning services and postneonatal mortality was shown in North Carolina in 1974. Family planning patients had a 50 percent lower postneonatal mortality rate compared with controls matched for maternal age, race, marital status, education, number of living children, and number of dead siblings (*67*). Burnett's findings are consistent with the hypothesis that children of family planning patients may be desired more and better timed and consequently mothers and children may receive better care.

There are conflicting reports on the contribution of abortion to the decline in infant and maternal mortality. From 1969 to 1975, liberalized abortion was found to be associated with decreases in prematurity rates, fetal mortality rates, and birth rates in Oregon (*68*). Similar trends were demonstrated in New York City following legalized abortion (*65*). Bauman *et al.* (*69*) found no significant association between levels of abortion-to-birth ratios and trends of fetal and infant mortality rates in the United States from 1967 to 1973.

Medical care and appropriate facilities to care for mother and child can make a difference in the child's chance of survival, and their contributions are extremely important. Low-birth-weight (2,500 grams or less) babies are a group at far greater risk of death than babies who weigh more at birth. Prompt attention for these children so that they survive the first few days after birth can do much to reduce infant mortality.

In a collaborative study of seven countries in which the United States was represented by five States, the United States ranked third in the proportion of low-birth-weight babies and sixth in perinatal mortality rates (*70*). After the perinatal rates were standardized for birth weight, the United States had the lowest perinatal mortality rate of the seven countries. Standardization for duration of gestation for the five countries for which data were available also yielded the lowest rate for the United States (table E). Assuming that the States included in the study were representative, if the United States had had the same distribution of birth weights as Sweden, the perinatal mortality rates would have been lower in the United States.

Early neonatal mortality rates (deaths under 7 days per 1,000 live births), which are one component of the perinatal rate, for low-birth-weight infants had been fairly stable from 1950 to 1964 but then decreased sharply by 1973–74. In an analysis of data from the same five States, it was found that 15 percent of the reduction was due to a change in the age and live-birth-order distribution (*71*). Seventeen percent of the decline for white babies but only 3 percent of the decline for other babies could be attributed to changes in birth weight. The decline in mortality among low-birth-weight infants accounted for 53 percent of the decline in early neonatal mortality for white infants and 64 percent for other infants over that time. Improved survival during the early neonatal period was not merely a postponement of death to later infancy; rates declined for older infants as well.

TABLE E. Cross-National Comparison of Birth Weight and Perinatal Mortality Rates

Country	Observed Perinatal Mortality Rate	Rank Order	Percent of Infants Weighing Less Than 2,000 Grams	Perinatal Mortality Rate Standardized for Birth Weight	Rank Order
Hungary	29.1	1	10.8	16.6	5
Cuba	26.9	2	10.8	20.1	1
Austria	21.4	3	5.7	18.2	3
New Zealand	17.3	4	5.2	17.3	4
Japan	17.0	5	5.3	18.9	2
United States (part)	14.9	6	6.0	11.7	7
Sweden	12.6	7	3.9	14.5	6

SOURCE: Reference *70*.

CHAPTER 3

ENVIRONMENTAL AND SOCIAL FACTORS INFLUENCING HEALTH

This chapter provides an introduction to the extrinsic influences on child health—environmental and social factors that are gaining increasing attention. Almost regardless of the child's health status at birth, the physical environment and social milieu in which he lives can serve either to enhance or reduce his potential.

A child's health is determined by many factors including heredity, the mother's—and to a lesser extent the father's—behavior patterns and health status, the intrauterine environment and conditions of delivery, as well as other factors that influence children directly.

Children in the United States are not born equally healthy or with equal opportunity to achieve and maintain good health. Infants born with a major malformation, prematurely, or at a low birth weight, those injured at birth, and those born to a mother with a sexually transmissible disease or a drug addiction come into the world with a distinct disadvantage. Children born to parents who are poor or who are poorly educated are also at a distinct disadvantage. There are many more of these children than there are children born with a physical disadvantage. In 1975 for example, 7 percent of the children born were low-birth-weight babies (*39*); 17 percent of the children under 18 years of age (10.7 million) were living in families classified as being below the poverty level (*72*). There were 7.7 million children and youths living in families with incomes below $5,000 and one-third (22.5 million) were living in families whose head had not completed high school.

INCOME AND POVERTY

Children are more likely to be living in poverty than people of any other age. In 1978, 16 percent of all children, including 11 percent of white children, 41 percent of black children, and 27 percent of Hispanic children, were in families below the poverty level. Knowledge about the health of these children and their use of health services is vital if public programs are to operate effectively since the public programs designed to improve health by increasing access to medical care are heavily oriented toward low-income populations.

In general, children are in families with relatively low incomes simply because children are born to young parents who have not yet achieved their full income potential. Half of all births (51 percent) in 1978 were to women under 25 years of age, and married women 25–29 years of age had already had two-thirds of the births they expected to have. Income levels are low and poverty rates are high when the family head is young. In 1977 for example, when 9 percent of all families were below the poverty level, 20 percent of the families with a family head under 25 years of age were below the poverty level (*73*).

Relatively little is known about how many children are born into poor families. Probably the most recent national data were obtained from the 1972 National Natality Survey. While the survey undoubtedly underestimates the extent of poverty because births to unmarried women were excluded, it does furnish information on the relationship between the family's income and health and medical care at the beginning of the child's life. Approximately 30 percent of the married women whose babies were born in hospitals that year were from families whose incomes were under $7,000 the year before the baby was born; 11 percent were from families with incomes under $4,000. Mothers in the lowest income category were no more likely than other mothers to have underlying medical conditions or complications of pregnancy; they were more likely to have complications of labor (*74*). They were significantly less likely to begin care during the first trimester of pregnancy and had, on the average, fewer visits for prenatal care (46 percent had 1–9 visits), although they were no more likely to have no prenatal care (*75*). Their children were more likely to be born prematurely—before the 37th week of gestation—and, if born at or near term, were more likely to weigh 2,500 grams or less. In 1972, 7 percent of all babies born in hospitals to married women were low birth weight, but 11 percent of those born into families with yearly incomes under $4,000 were low birth weight (*76*).

In a study of women in their late twenties, Hofferth and Moore (*77*) found a significantly lower income among women who began childbearing early. The difference amounted to about $1,000 a year less income for each year of decreased age at birth of the first child.

Considerably more is known about children than about infants. The income distributions derived from the 1975–76 National Health Interview Survey, the source of much of the data on children's health and use of health services that follow, are shown in table F. Sixty-one percent of all children and youths whose family incomes were known lived in families with incomes under $15,000 at that time; 13 percent (about 8 million children) lived in families with incomes below $5,000. Preschool children were much more likely to live in low-income families than older children.

Parents in poor families perceive their children's health as being poorer. Children in low-income families (under $5,000 in 1975–76) were 3.5 times as likely as children in high-income families ($15,000 or more) to be judged as only being in fair or poor health. They were also 1.5 times as likely to be limited in activities such as playing or going to school because of a chronic condition. On the average, the low-income children had 3 more days of restricted activity and lost 2 more days of school (i.e., 40

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TABLE F. Children and Youths Under 18 Years of Age, According to Age and Family Income: United States, 1975–76 Annual Average

Family Income	Total Under 18 Years	Under 6 Years	6–11 Years	12–17 Years
	Percent distribution			
All incomes	100.0	100.0	100.0	100.0
Under $5,000	12.7	15.3	12.4	10.9
$5,000–$9,999	22.4	25.4	22.5	20.0
$10,000–$14,999	25.7	28.6	25.8	23.5
$15,000–$24,999	27.5	23.9	27.8	30.0
$25,000 or more	11.7	6.8	11.4	15.7

SOURCE: Reference 35.

percent more school days) each year than children in families with $15,000 income or more.

Half of the low-income children examined as part of the National Health and Nutrition Examination Survey in 1971–74 had decayed teeth needing treatment (*78*). The need for dental care, however, was high for all children. The examining dentists estimated that 53 percent of all children and youths ages 1–17 and 68 percent of those who were adolescents needed dental care; 59 percent of the low-income children and youths and 78 percent of the low-income adolescents needed dental care. In the same survey almost a quarter of the people 6–19 years of age were found to have significant eye abnormalities (excluding refraction errors) and about 5 percent needed treatment. Income differentials for eye problems, while they did exist, were not large (*78*).

In analyzing data from the National Health Examination Survey from the late 1960's, Grossman (*79*) found that, while low income was associated with some of the measures of poor health in children, the magnitude of the difference was reduced when other related socioeconomic variables were held constant. For four of the six health measures studied, differences in the parents' level of education accounted for as much of the difference as did income itself. Such a finding is consistent with other data reviewed in this report.

In general, children in low-income families are less likely to have a regular source of medical care, less likely to have received any medical care during the year, and much less likely to have received care from a private physician. They are, however, more likely to have been hospitalized and, if hospitalized, to have remained in the hospital longer.

Only 80 percent of the low-income children in contrast to 93 percent of the high-income children were reported by their parents to have a regular source of care in 1974 (table G). Eighty-seven percent of the children in families with incomes of $15,000 or more had a private physician as a regular source of care; 61 percent of the children in families with incomes of $5,000 or less had such a source. Of those children and youths who had actually made a visit for medical care during the year, 73 percent of the high-income but only 47 percent of the low-income children had received all their medical care from a private physician; 4 percent of the high-income but 22 percent of the low-income children and youths received all of their care in an institutional setting.

While a visit to a physician means that the child actually went to the physician (home visits are negligible), a contact with a physician is defined in these data to include telephone contacts. It is interesting that 20 percent of all contacts for high-income children were by telephone compared with 11 percent for the low-income children (table G).

Even though they were younger on the average, children in relatively low-income families (under $10,000) were less likely to have had a medical contact of any kind during the year than children in higher income families. About 70 percent of the children in families with incomes under $5,000 or $5,000–$9,999 had had a medical contact during the year compared with 78 percent in families with incomes of $15,000 or more in 1975–76. If they did have at least one contact, the children in the low-income families had, on the average, more contacts than children in families with incomes of $5,000–$9,999.

The low-income children were also more likely than other children to be hospitalized and, if hospitalized, to remain in the hospital longer. In

TABLE G. Source of Medical Care for Children and Youths Under 18 Years of Age, According to Family Income: United States, 1974

Source of Medical Care	Family Income Under $5,000	 $15,000 or More
	Percent of children and youths	
With regular source of care	80	93
Private office	61	87
Regular physician	61	85
Regular pediatrician	15	36
With no visit for care	36	26
Total with a visit for care	100	100
To private physician only	47	73
To institutional setting only	22	4
To both	31	23
With no contact for care	29	22
	Percent of contacts	
Total	100	100
In doctor's office	56	67
In hospital clinic or emergency room	23	9
In other place	10	4
By telephone	11	20

SOURCE: Reference *35*.

1975–76, 7 percent of the children and youths in families with incomes under $5,000 had been hospitalized during the year; there were 6.1 hospital days for each 100 children in this income group or 8.5 days for each child hospitalized. Five percent of the children and youths in families with incomes of $15,000 or more had been hospitalized; there were 1.9 hospital days for each 100 children in this income group or 3.9 days for each hospitalized child.

Children and youths in low-income families are far more likely to be living in housing with structural deficiencies or incomplete plumbing than those in families with more income. In 1977, 13 percent of the children in families with incomes of $5,000 or less lived in housing where the roof leaked, 17 percent lived in housing where there were cracks or holes in the walls or ceilings. Eight percent lived in housing with incomplete plumbing, and 4 percent had no piped-in water. Leaky roofs, holes in walls, and incomplete plumbing were rare in the housing of children in families with incomes of $15,000 or more.

The poor children were also more likely to be living in neighborhoods where traffic was heavy, streets needed repair, and there were rundown housing and abandoned structures.

Inadequate housing, incomplete plumbing, and crowding contribute to the spread of contagion and infection. Infection rates of measles and rubella, for example, are higher in poverty areas than in nonpoverty areas. Heavy traffic and rundown or abandoned structures contribute to accidents and injuries. The poor quality of housing and neighborhoods is an environmental risk for poor children.

CHILDREN WITHOUT FATHERS

In the national data collection systems of the Federal statistical agencies (and in the tables in this volume), children are classified as living "with both parents," "with mother only," or "other." The implication is that the children with both parents are with their own biological parents but that is not true for all these children. Many are with two biological parents but others are with one biological parent and one step parent and some are adopted.

For example, data from the National Health Interview Survey show that in 1975–76, 80 percent of the children 6–11 years of age were in two-parent families. However, data from an independent non-Federal survey show that more than one-fourth of elementary school-age children were not living with their biological fathers in 1976 (the proportion was more than half for black children). Less than one-third of the children whose parents were divorced or separated saw their fathers regularly (*80*).

Similarly, children living with a mother only may have been born to a woman who never married or they may be living with a mother whose marriage was disrupted through divorce, separation, or death, and there may or may not be other adults in the household in addition to the mother. Finally, as adults marry and divorce, the child is moved from one family structure to another and may make several transitions before reaching age 18. Most divorced mothers of young children do remarry;

thus the same child may be in a two-parent, mother-only, or a different two-parent family depending on the point in time.

The transitional nature of family structures that a child may live in while growing up, coupled with the lack of distinction among the family structures as they are defined, may partially explain why differences between children of married and unmarried mothers which were so evident at birth are much less evident in childhood and adolescence.

Although there is little evidence that going through a divorce or living with only one parent affects the physical health of the child per se, there is evidence that the child's emotional well-being is affected. Elementary school-age children whose parents were separated were more likely than others to have gotten into a fight at school (*80*). Children in one-parent families were, according to administrative records of 14 schools, more likely to be low achievers, late to school, truant, or subject to disciplinary action than children in two-parent families (*81*). A study of children who were first observed soon after their parents divorced, then 1.5 years later, and again 6.5 years later found that many of them were still in various degrees of turmoil the third time they were observed (*82*). Utilization of mental health facilities is higher among children of divorced or separated parents than among children of married parents. However, it is not possible from the utilization data to determine whether divorce created the need for mental health care or was the occasion for seeking and receiving care. Utilization data are, at best, an indirect measure of health and at worst a biased one.

In contrast, in a 1978 study examining the effects of the presence of a man on mothers and their 2.5–4-year-old children in a sample of black and Hispanic people in New York City, Philliber and Rothenberg (*83*) found little to indicate that the presence or absence of a man had any important effect on child-related outcomes. The emotional and verbal responsiveness of the mother to the child, the opportunities of the child for stimulation, and the measures of child health and development were all unaffected.

Children and youths without fathers in the household were twice as likely as children with both parents (7.9 vs. 3.6 percent) to be reported as being in fair or poor health in the 1975–76 National Health Interview Survey. Possibly, an emotional component exists in this measure of health status; differences between the two groups of children were not as great for other measures of health status. For example, children living without fathers were somewhat more likely than children living with two parents to be limited in their ability to carry on their major activity (2.9 vs. 1.7 percent), but the difference is small enough to be accounted for by the older ages of the children without fathers. Children and youths without fathers in the household also had, on the average, 2 more days of restricted activity and 1 more day lost from school per year than children with two parents.

It is important to remember that children in households without fathers are more likely than other children to be in families that are poor. Women earn less than men on the average and women raising children alone have an additional disadvantage trying to achieve an adequate income. In 1978, 51 percent of the children in families headed by women in contrast with 8 percent in families headed by men were living below the poverty level. The measures of health status are all negatively associated with income, and the slightly lower levels of health for these children cannot be attributed simply to the absence of a father.

The proportion of children who had seen a doctor during the year and the number of visits during the year were about the same for both groups of children. Children without fathers are as likely to receive medical care as children with fathers even though the former are poorer, because in many States Medicaid covers poor children without fathers but not those with fathers.

Dental care, however, is associated with family income, and children without fathers were less likely to have received dental care during the year. Only 56 percent of the children 4–17 years of age who did not have fathers in the household in 1975–76 had made a visit to a dentist during the year compared with 64 percent of those with fathers. Dental care is not as well covered under public programs as medical care is. It often has to be paid for out-of-pocket and may be foregone.

Finally, the children without fathers present were more likely to have been hospitalized and to have spent, on the average, twice as many days in the hospital as children with two parents. The probability of being hospitalized is negatively associated with income; that is, poor children are more likely to be hospitalized and have longer stays than wealthier children. However there may be an additional factor: doctors may be more likely to hospitalize a child and mothers may be more likely to have the child remain hospitalized when conditions for caring for the child at home are poor.

Children without fathers are less likely to be cared for by a parent during the day. While 83 percent of the 3–13-year-old children whose mothers were married with a husband present were cared for by a parent in 1974–75, only 68 percent of the children of formerly married and 70 percent of the children of never-married mothers were cared for by a parent during the day.

The housing conditions for children in families with a woman as head of the household are more likely to be inadequate than the conditions for children in husband-wife families. In 1977, children in families with a woman as head were more likely to live with peeling paint, broken plaster, cracks in walls or ceilings, holes in the floor, or leaking roofs than children living in husband-wife families. A third of the former and about a fifth of the latter group (33 vs. 22 percent) lived in housing with one or more such deficiencies.

Conditions outside the home were also likely to be worse. Heavy traffic and street noise, for example, were reported more frequently, and the desire to move because of those and other neighborhood conditions were reported twice as frequently for children in households with a woman as the head as for husband-wife households (*84*).

Conversely, services such as public transportation, schools, shopping, police, hospitals, and health clinics were not perceived as being worse when the household had a woman as a head. For example, 16 percent of the children in families with a woman as head and 18 percent of the children in husband-wife families lived in neighborhoods where hospitals and health clinics were felt to be inadequate.

The evidence is mixed for children and youths who are not living with fathers. Differences in physical and emotional health status and in cognitive development are small if they exist at all and may largely be attributed to the relatively low economic and educational levels of the mothers and to the poor housing and neighborhood conditions in which the children live.

RACE AND ETHNICITY

In the United States, black children as a group are still at a disadvantage. From the limited amount of data available it appears that Hispanic children are also disadvantaged. American Indian children are not at a disadvantage early in life as measured by the proportion of low-birth-weight babies and infant mortality rates but mortality rates are high in childhood. Children of Oriental background have extremely low infant mortality rates, but little is documented about how they fare later in life.

Because black children are the largest racial minority group of children (Hispanic children are rapidly becoming the largest ethnic minority), every effort has been made in this volume to show them as a separate category. With double the chance of weighing 2,500 grams or less at birth and almost double the chance of dying in infancy (*39*), black infants start life at a disadvantage. They are less likely to receive the health benefits of breast feeding. They are, in addition, more likely to be born to mothers under 18 years of age, to unmarried mothers, and/or to mothers who have not completed high school (*11*). Such mothers may have more difficulty caring for their children especially since they are also more likely to be poor.

Black children and youths are less likely to have received medical care within a year, and if they received care, it was more likely to be received in a hospital outpatient clinic. Just over half (55 percent) of the black children and youths had a regular physician and only 19 percent had a pediatrician as a regular physician in 1974. The comparable numbers for white children were 82 percent and 29 percent. Only 4 out of 10 black children ages 4–17 had visited a dentist within a year compared with more than 6 out of 10 white children. Black preschool children were less likely than white children to have received the recommended series of immunizations.

Although black children were more likely to be perceived as being in fair or poor health than white children, they were no more likely than white children to be reported as limited in activity because of health or to have had days when their activity was restricted, they stayed in bed, or they missed school because of illness. On the average, they had about the same number of missing, decayed, or filled teeth as white children at elementary school age and fewer at adolescence. If they did have decayed

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teeth, however, the proportion that had been filled was lower for black children and youths.

Black children and youths are more likely to live in housing with incomplete plumbing, leaky roofs, cracks, or peeling paint and are more likely to live where there is street crime, litter, rundown housing, or abandoned buildings. They are more likely to be behind in school or to drop out altogether (*85, 86*). At the end of adolescence, if examined for the draft in 1972, black youths were more likely to be rejected.

Data on Hispanic children were not available when this volume was prepared. There have been problems in defining who should be included as Hispanic and there has been a lack of population controls to be used in generating national estimates. Data from the 1975–76 survey carried out by the Center for Health Administration Studies of the University of Chicago indicate that people of Spanish heritage living in the Southwest were less likely than the total population to have health insurance or a regular source of care and were less likely to have seen a doctor or a dentist (*87*). Data from the 1976–78 National Health Interview Survey indicate that Hispanic people in general were less likely to have contacted a physician or visited a dentist within 12 months (*88*). Although these data are not specifically about children, there is no reason to assume that differentials in access that exist for people of all ages do not also exist for children.

PARENTS' LEVEL OF EDUCATION

Among the important socioeconomic variables is education. Nevertheless, far less attention has been paid to associations between the parents' education and the health and care of the child than to the associations between the parents' income, marital status, or race and the child's health and health care. The question of whether there are associations between parental education and the health of children is important because there are more children with parents who have not completed 12 years of education than there are children below the poverty level, in one-parent families, or of racial minorities.

In the mid-1970's, 22.5 million children—a third of the children under 18 years of age—were in families whose head had not completed high school. Just about half of these children and youths, 10.9 million, were in families whose head had not gone beyond the eighth grade (table H).

Children in poor families, single-parent families, and black families are more likely to have poorly educated parents (or just a mother) than other children. There is an interaction among these factors, but parental education is not just a surrogate for other measures of socioeconomic status; it exerts an independent effect. For example, a cross-tabulation from the 1975–76 National Health Interview Survey (which is the source of data for many of the tables in this volume) showed that children of highly educated mothers were more likely to receive medical or dental care than children of mothers with little education regardless of the

TABLE H. Children and Youths Under 18 Years of Age, According to Age and Education of Household Head: United States, 1975–76 Annual Average

	Age			
Education of Household Head	Total Under 18 Years	Under 6 Years	6–11 Years	12–17 Years
	Percent distribution			
Total	100.0	100.0	100.0	100.0
0–8 years	16.8	13.0	16.7	19.9
9–11 years	17.6	17.0	17.6	18.0
12 years	35.4	36.7	35.2	34.7
13–15 years	13.7	15.8	13.9	12.1
16 years or more	16.3	17.5	16.5	15.1

SOURCE: Reference *35*.

family's income or whether the child lived with a mother only. A child with a poorly educated mother in a high-income family was no more likely to have received care than a child with a poorly educated mother in a low-income family.

Such cross-tabulations are not presented in this volume. However, all of the tables in section II, which were prepared especially for this volume, present data by both family income (or poverty status) and education of the family head. The differential between the lowest and highest education category is larger than the differential between the lowest and highest income category on all measures that relate directly to children but one—the quality of housing, for which the income differential is larger. In part the smaller differential by income could be considered as evidence that the public programs designed to reduce income differentials are effective.

A special tabulation ranking the predictive value of six control variables (education, ethnicity, family size, income, sex, and age) for nine outcome measures for the child was prepared from the 1976 National Survey of Children by Child Trends, Inc. (*80*). For seven of the nine outcome measures (vocabulary, school performance, practical skills, misbehavior according to the child, the child's feeling of rejection by parents and rejection by peers, and the child's level of fears and worries), parental education ranked higher than family income and in most cases it was either the best predictor of all the control variables or was a much better predictor than income. Only for the parental reporting of the child's misbehavior and the child's self-esteem was income more important.

The importance of parental education to the physical and emotional health of the child and the receipt of health services for pregnant women and children does not mean that we must demand high levels of education for all parents. It does mean that providing special outreach and support services, not just financing medical care or putting clinics or medical care personnel in an area, may be necessary to help parents with little education make appropriate decisions about caring for their children and themselves.

OTHER FACTORS AFFECTING HEALTH

Immunization

The best estimates available are that 9 out of 10 children who entered kindergarten or first grade in 1978 had been immunized for measles, rubella, mumps, diphtheria, and tetanus. Only a few States reportedly had immunization levels below 90 percent for these diseases. Immunization levels for school-age children appear to be higher than they were in 1976, although because the reporting system for children entering school was only introduced in 1978, data are not really comparable with those from earlier years.

Achieving high levels of immunization for preschool children appears to remain a major problem. In 1978, of the 12.2 million children 1–4 years of age, only about 6 out of 10 had received full protection for measles, rubella, and polio; the proportion for diphtheria was somewhat higher; for mumps, somewhat lower. The best estimates available indicate that preschool minority children and those in poverty areas of central cities are the least likely to be immunized; even though those children, often living in crowded housing, are at great risk of contagion. Problems of access may partially account for the low levels of immunization for these children but parental beliefs are also important. In 1978–79, 22 percent of the minority parents in contrast with 12 percent of all parents believed that most children's diseases had been conquered and there was no need to immunize against them; 44 percent of the minority parents in contrast with 28 percent of all parents believed that it was the responsibility of the Government and the schools—as opposed to the parents—to immunize children against childhood diseases (*89*).

Sanitation and Quality of the Water Supply

Sanitation and pure water have been major public health concerns at least since Snow's classic study demonstrated the relationship between cholera and the use of public pumps to supply Londoners with water (*90*). Almost all children in the United States today live in housing with piped-in water (99 percent) and with complete plumbing facilities for the household's exclusive use (98 percent). The majority of children and youths live in housing where water is obtained from public or private systems connected to a public sewer (66 percent), as opposed to individual sources (78 percent).

There are, however, sizable numbers of children who do not have this protection and, as usual, they are children whose families are poor or are poorly educated, children in large families, or children who live outside metropolitan areas or in the South.

The quality of the sewage disposal system and the water supply probably varies from one area to another and possibly from one season to another. Purity of public water supplies has been assumed to be adequate and there has been, until recently, little review. One aspect of the water supply that has been evaluated is fluoridation. By 1975, about half of the people in the United States lived in areas where the water contained fluoride either naturally or through adjustment. In general, the proportion was low in States where the population was widely dispersed and higher in densely populated States where people were more likely to obtain water from public systems.

The proportion of the population with fluoridated water has not increased since 1975 despite fluoride's demonstrated effectiveness in reducing tooth decay in children. It has been well documented that children living in communities with fluoridated water have less tooth decay than children in communities without fluoride (*91–94*) and that the cost of dental care in tax-supported programs per child was much lower in areas with fluoridated water than in areas without (*95–98*). Adding fluoride to the water is one action that can improve health at a demonstrable cost savings.

Nutrition and Diet

The nutritional status of the U.S. population and the relationship of nutrition to child health are still matters of controversy. Few children in the United States suffer from undernutrition of the kind that cripples and kills large numbers of children in parts of the developing world. As determined by height and weight, U.S. children are rarely stunted in growth. Of the children under 18 years of age who were screened in 1978 (primarily low-income children eligible for public programs), only 9 percent were below height for age and only 6 percent were below weight for age. The only nutritional deficiency that appears to affect any sizable number of children is anemia; 14 percent of the children screened in the nutrition surveillance program were judged to have a low hemoglobin level and 18 percent a low hematocrit (*99*). However, the relationship between disease and low hemoglobin level is not clear.

A special study of Indochinese refugees seen in four clinics revealed that both anemia and stunting appear to be significant nutrition-related problems among young Southeast Asian refugee children who entered the United States since July 1, 1979 and the possibility of acute undernutrition for children under 2 years of age (*100*). This documents the possibility of pockets of undernutrition in a country where undernutrition is not a major public health problem.

Despite the absence of widespread nutritional deficiency, there is reason for concern about some of the feeding and eating patterns of children. In the not-too-distant past, the majority of newborn infants were breast fed. Even in 1950 about one-third of the newborn children were breast fed for 3 months or more. The proportion then declined rapidly; only about 7 percent of the children born in the early 1970's were breast fed that long. Though there is some evidence of an upturn in the proportion of breast-fed children in the late 1970's, the increase appears to have been primarily among women whose children are least at risk. Children who, because of the parents' educational or income level, were more likely to be at nutritional risk than others were also less likely to be breast fed (*101*).

Pregnant women and children in low-income families who are at nutritional risk are eligible for food through the Supplemental Food Program for Women, Infants, and Children (WIC). However, in 1980, fewer than half of those eligible were being served in any State except Vermont; in many States, including some with large eligible populations, fewer than one-fifth of those eligible were being served by the program.

In the National Health and Nutrition Survey in 1971–74, it was found that most children ages 1–11 drank whole milk and ate meat or poultry and fruits or vegetables one or more times daily. Most also had dessert at least once a day and one-fifth reportedly had dessert at least twice a day. The eating patterns of young children—whether boys or girls, above or below the poverty level, white or black—were similar with one exception. The likelihood of eating salty snacks at least once a day was higher among elementary school-age children than among preschool-age children and was higher among black children regardless of age. This last is of particular concern as high-sodium diets have been implicated in hypertension which is more prevalent among black than among white adults.

Adolescents' eating patterns differed from those of younger children and differed between white and black youths. Black youths were more likely than white youths to eat candy and salty snacks and to drink sweetened beverages; they were less likely to drink coffee or tea or to eat bread.

Health Education

Very few States require that health education be taught in the schools, and even when they do, it may be only one course of a few hours during the 12 years of schooling. In 1978–79, only 10 States required that nutrition be taught; in 14 States such a course was optional. Small wonder that when asked a series of health-related questions, most 17-year-olds could answer general questions but could not answer specific questions such as which food group was the best immediate source of energy (*102*). They also knew little about child development, some aspects of their own health, or about the kinds of illnesses for which they should seek medical care.

They did not appear to be aware that accidents are a major threat to their lives. Responses indicated that almost half of them did not know that accidents are the leading cause of death for people 1–38 years of age. About one-fourth of the respondents did not know that motor vehicle accidents account for approximately half of all accidental deaths (*102*).

The consultants who reviewed that report pointed out that there were gaps in knowledge and that the report did not assess behavior to see how it related to knowledge. This last is important because many other studies have shown that adolescents know that smoking and drinking alcoholic beverages, for example, can be health hazards (*103, 104*). Nevertheless, many continue to smoke tobacco and marihuana and to drink.

Television

The amount of time children spend watching television has been of particular concern because of the possibility of adverse effects on health or behavior. In late 1976, elementary school-age children spent more time watching television than they spent with friends or parents and much more time than they spent reading or doing homework or chores. However, when time spent watching television or engaging in the other activities and a number of demographic characteristics of the family were related to measures of self-esteem and behavior, television watching per se appeared to be of relatively little importance (*80*). The potential for health education through television has been considered but information will have to be presented very carefully if it is to have the desired results (*105*).

Child Abuse and Neglect

The problem of child abuse and neglect has received increasing attention in recent years. Despite the attention, valid and reliable data have been extremely difficult to obtain, no comparable data are available to make reliable estimates of time trends, and the only thing that is absolutely certain is that some children are abused and that for a few death is the result.

There are many forms of child abuse and neglect including psychological, sexual, and physical abuse and physical, emotional, and care-taking neglect.

One approach to estimating the incidence of physical abuse is to look at the deaths from external causes. In 1976, about 19,000 children and youths under age 18 died of accidents or violence. The majority of these deaths were reported as accidents but 819 were reported as suicides, and 1,635 as homicides. Of the homicides, 170 were children under age 1, 340 were children ages 1–5, and 162 were children ages 6–11 (the other 963 were adolescents ages 12–17). The reported homicide rates were 5.6, 2.1, and 0.8 per 100,000 children of the specified ages (*106*). While this could indicate that physical abuse of young children is more common, it must be remembered that very young children are more fragile than older ones and could more easily die of a comparable assault. Unknown proportions of the accidental deaths could also have been due to abuse, neglect, or suicide but not reported as such.

During the late 1960's, all States enacted legislation that mandated reporting of child abuse and neglect; the legislation did not include uniform definitions of either abuse or neglect. Beginning in 1974, the Children's Division of the American Humane Association has operated a Clearinghouse on Child Abuse and Neglect. In 1976, 416,000 cases of abused or neglected children were reported. There were approximately twice as many cases of neglect as there were of abuse and, of all cases reported, approximately 1 percent were severe, although the proportion of the validated reports that were severe was about 5 percent. Eighty-five percent of the perpetrators of abuse and neglect were the child's natural parents (*107*).

The number of cases reported has risen each year to 507,000 in 1977 and 614,000 in 1978, in part because of increased reporting of sexual abuse (*108*, *109*). Nevertheless, it is generally recognized that the actual incidence of abuse is greater than the reported incidence because many incidents go unreported. The magnitude of underreporting obviously varies from State to State, as the number of reports in five States in 1978 ranged from 6 to 23 per 1,000 children (*110*).

In a 1976 survey of families consisting of a couple who identified themselves as married or being a "couple" and one or more children ages 3–17 living at home, 63 percent of the respondents reported at least one violent episode toward the child during the previous year and 73 percent reported at least one violent episode in the course of raising the child (*111*).

Most of the episodes were the milder forms of violence such as pushing or slapping. However, hitting with something during the year was reported by 13 percent; throwing something by 5 percent; kicking, biting, or hitting the child by 3 percent; and beating by 1 percent. There were rare reports of either threatening or using a gun or knife. Using an index combining the forms of violence thought to have the highest probability of injuring the child, Gelles estimated that 3.6 percent of the children or 1.4–1.9 million children were vulnerable to physical injury from violence in 1975.

Gelles thought the estimate should be considered low because the data were obtained from self-reporting, the response rate was low, and only children with both adult males and females in the household were included. On the other hand, since no information on whether the child was injured was collected, the estimates must be considered as indicating potential injuries only.

Although data on the incidence of child abuse are faulty, there is no doubt that physical or sexual abuse or severe neglect can be a significant problem for some children. Abused children are almost always mistreated in their own homes; they are betrayed by the very people whom they must depend upon.

CHAPTER 4

HEALTH STATUS AND NEEDS

Overall, the health of children and youths in the United States is good compared to adults or compared to children in the past. Although the incidence of acute illness is high, relatively few children suffer from chronic conditions or from long-term limitation of activity and death rates are low. There are major problem areas, however. Children in low-income families, and especially children in families with little income and only one parent, are in poorer health and are more likely to have limitations than other children. Accidents now account for half of the deaths of children and youths ages 1–17 and motor vehicle accidents are the leading cause of death. Use of alcohol, cigarettes, or marihuana is common among adolescents and the proportion of unmarried adolescent girls who have had intercourse is increasing.

Children in inner-city slums, in the hills of Appalachia, or in the families of migrant workers may be in extreme poverty and ill health. Special surveys and individual studies which are not included in this volume document the health conditions and special needs of these children (*112–116*).

MORTALITY RATES

The decline in death rates for young children has been dramatic. Of every 100,000 children 1–4 years of age, 564 died in 1930, 290 in 1940, 139 in 1950, 109 in 1960, 84 in 1970, and 69 in 1978. The infectious and communicable diseases that used to leave thousands of children dead or damaged are no longer leading causes of death. Some, such as diphtheria and polio, are now rarely reported. Others, such as pneumonia, are still major causes of illness and hospitalization but are rarely killers and are less likely to leave children damaged because better treatment helps them to survive in good health. Accidents are now the leading cause of death for this age group, accounting for 42 percent of the deaths in 1978.

Older children have never had the high death rates of infants and young children. In fact, death rates in late childhood are lower than at any other age. Even for these children, however, the death rate in 1978 was only a third of what it was in 1940 (34 vs. 104 per 100,000 children 5–14 years of age). Accidents were the cause of 51 percent of the deaths of children 5–14 years old in 1978; 26 percent of the deaths were caused by motor vehicle accidents in 1978.

At every single year of age, death rates are higher for boys than for girls. They are higher for "disease causes" and they are much higher for "external causes." In 1976 the differential for external causes—accidents, poisoning, and violence—was smallest at the beginning of life and then increased. Young boys under 6 years were 41 percent more likely to die of poisoning, accidents, or violence than young girls of the same age; young men 16–17 years of age were almost 200 percent more likely to die from accidents or violence than young women the same age.

Overall, death rates are higher for black children than for white children. In 1976 the differential was largest at the beginning of life and decreased through the school years until for a brief period in adolescence (ages 16–17) black youths had lower death rates. After that, the rates diverged again. Young black children were more likely than white children to die of accidents, poisoning, or violence (death rates of 5.4 and 2.9 per 10,000, respectively, for preschool, and of 2.4 and 1.4, respectively, for elementary school-age children). Black adolescents were *less* likely than white adolescents to die of these external causes (3.7 and 4.2 per 10,000, respectively) because black youths were not killed as frequently in automobile accidents; they were less likely to have access to cars and to have a driver's license.

Death rates among children and youths under 18 years of age would be reduced by one-quarter if no child died in an automobile accident. The use of restraining devices in back seats would keep small children from being thrown forward and perhaps killed. Some European countries have found that changing school hours so that they do not coincide with rush hours helps to reduce automobile accidents involving children. However, the greatest potential for reducing the number of deaths lies in reducing the number of deaths of adolescents. Raising the legal minimum age for both drinking and driving has been suggested as a way of saving the lives not only of young drivers but also of other children who may be passengers or pedestrians. This is a very controversial issue, however (*117–119*). Designing and building safer vehicles and roadways would reduce the risk of death for people of all ages as well as adolescents.

Although data on socioeconomic differentials in childhood mortality are scarce, the existing data indicate that there are socioeconomic differentials and such differentials are greatest for mortality due to accidents. In England and Wales where occupational class of the father is reported on children's death certificates, the standardized mortality ratio in 1970–72 for boys ages 1–14 in the lowest class was 2.2 times that of boys in the highest class for all causes of death but 4.7 times as high for accidents, poisonings and violence. For girls the same age, the comparable numbers were 1.8 and 3.4 (*120*).

Such information is not available in the United States. However, an analysis of data from the June 1975 Current Population Survey revealed that there were significant socioeconomic differentials in the mortality of people under 20 years of age and that a primary source of the socioeconomic variation was variation in mortality due to accidents (*121*).

The author pointed out that the results indicate that accident prevention has the potential of not only reducing the number of early deaths but also reducing inequality in life chances.

ASSESSMENTS OF HEALTH

More useful for assessing health status than mortality rates are the measures of the incidence and prevalence of diseases, physical and emotional impairments, and reductions in physical, intellectual, and social functioning. Unfortunately, these measures are more difficult to obtain and to interpret.

Physical illness, disability, and death are not independent of one another nor are they independent of emotional illness and disability or the child's environment. Emotional and behavioral problems can both cause, and result from, physical problems. The physical and social environment affects both physical and emotional health. Crowded and dilapidated housing, poor schools and teachers, poverty, and discrimination all increase the risk of physical and emotional illness and impairment.

Strong relationships exist between family income and certain health indicators. The proportion of children reported to be in "fair" or "poor" health drops significantly as income rises. About 9 percent of the children and youths in families with incomes of less than $5,000 per year compared with 2 percent in families with incomes of $15,000 or more were reported to be in "fair" or "poor" health in 1975–76. Children and youths in low-income families are likely to have more days when their activity is restricted, they are confined to bed, or they are out of school. For example, low-income school-age children lost, on the average, 6.6 days of school per year in 1975–76 because of acute illnesses while high-income children lost 4.7 days.

There are geographic variations in the health of children. During the last year of the draft, 1972, young men from the East South Central division were more likely to be rejected than young men from any other area. In Alabama, Kentucky, Mississippi, and Tennessee, 51 percent of the white and 71 percent of the black men were rejected compared with 45 percent of the white and 63 percent of the black men overall.

In general, children in the South are more likely than children in other parts of the country to be reported by their parents as being in poor health, although they are no more likely to be reported as having a long term limitation of activity and the average number of days spent in bed or out of school because of illness is no higher than in the rest of the country.

Most of the measures of the health of children and youths which have been obtained from the National Health Interview Survey since 1957 show remarkable stability (*34, 122–124*). The short-term measures of disability reflect flu epidemics but show no time trends. There is possibly a trend in the proportion of children who are limited in activity by a chronic condition; this proportion appears to have increased from about 2 percent in the early 1960's to about 4 percent in the mid-1970's. The apparent increase is not due to the increased proportion of children and youths who are adolescents and, being older, are more likely to be limited. Among other things, it could be due to increased parental awareness, better diagnosis through greater access to medical care, or decreased institutionalization of handicapped children. In any case, based on household interviews, 3.8 percent of the children and youths under 18 years of age were limited in activity in 1975–76.

Other measures from the National Health Examination Survey (now the National Health and Nutrition Examination Survey) exhibit the same kind of relative stability. The proportion of elementary school-age children in need of special services in 1963–65, for example, was almost identical to that found when the survey was replicated by the Foundation for Child Development in 1976. Special resources were recommended for about 21 percent of the children both times.

In general, rates for communicable notifiable diseases are very low. Rates for those diseases for which immunization is available have declined over the years although not all of the decline can be attributed to immunization. Rates for diphtheria, for example, had been declining before the immunization was developed. On the other hand, rates for some diseases for which immunization is not available have increased. In particular, although gonorrhea is still rarely reported for children under 15 years of age, the rate in the second half of the 1970's was higher than in previous years.

Major Diseases

There are major diseases and conditions that affect few children but make it difficult or impossible for them to live full lives in the community. Those children afflicted with a serious chronic condition have very special additional needs for care.

The probability of survival has been improving for children diagnosed as having cancer especially for acute lymphatic leukemia which is the most common childhood cancer (*125*). Nevertheless, cancer causes more deaths of children 1–17 years of age than any other disease. Malignant neoplasms caused the deaths of 3,214 children in 1976; leukemia was responsible for 1,359 of these deaths (*106*).

A special survey in late 1978 of children under 18 years of age receiving Supplemental Security Income Benefits who were not living in Medicaid institutions revealed that an unexpectedly high proportion (15 percent) of them were in foster care settings. These children, on the average, had lived away from their parents for 7.5 years and had little or no contact with their parents although in almost all cases the parents were still living (*126*).

Of the children living with their families, more than expected were minority children (56 percent), with only the mother as the parent (57 percent), and poor. Although the families have to be poor to meet program requirements, they were in very poor households. In fact, 42 percent reported receiving income from AFDC or General Assistance during the previous years.

The majority (53 percent) of the children were multiply handicapped. The most frequently reported main disability was mental retardation (27 percent) with 15 percent reporting "other diseases of the nervous system" and an equal proportion "other mental conditions." When information on main and secondary disabilities was combined, these were still the most frequent conditions.

The same pattern of multiple handicapping conditions (with mental retardation the most common medical reason for admission followed by nervous disorders and mental illness) was found among children and youth under 18 years of ago who were in institutions in 1976 (*127*). Over half (55 percent) of the institutionalized children had a speech, walking, visual or hearing disorder, and a third (34 percent) had two or more such disorders.

About 4 percent of all children under age 18 living in the community were reported by their parents to be limited in amount or kind of activity in 1975–76. Asthma was the condition most frequently reported as causing the child to be limited (20 percent). About 10 percent of the children with a limitation were limited because of orthopedic impairments, 7 percent because of mental or nervous conditions, 5 percent because of hearing impairments, 4 percent because of visual impairments, and 2 percent because of heart conditions. In the national survey, as in the Supplemental Security Income survey, children in poor families or with a mother only were more likely to be limited than children in families with more money or both parents.

Accidents and Injuries

As the infectious diseases disappeared as the leading causes of death, injuries, which were always among the leading causes, took over first place. In 1976, half of the 32,000 U.S. children past infancy who died died from accidents. Of these children and youths, over a quarter (27 percent) died because of motor vehicle accidents, 7 percent drowned, and 4 percent died from fires. In addition, 5 percent of the deaths were reported as homicides and 3 percent as suicides (*106*).

The epidemiology of injuries is different from that of the common acute illnesses of childhood. While diseases occur more frequently in preschool children than in school children and at about the same frequency among boys and girls, the incidence of injuries is about the same for school-age and preschool-age children and much more frequent among boys than girls.

Injuries are the only acute condition affecting children and youths that show a pronounced sex difference. During the 1975–76 school year, for every 100 boys of school age, there were 51 injuries and 50 days lost from school, while for every 100 girls there were 29 injuries and 22 days lost from school (*128*). One estimate shows that, for both boys and girls, a school injury usually occurs during physical education class; for boys in senior high school, the second most frequent occasion of injuries is interscholastic sports. No health professional of any kind was available to care for a quarter (24 percent) of the athletic injuries that occurred in public secondary schools in 1975–76 (*129*).

However, prevention of injuries should begin with an evaluation of conditions in and around the home, because over half of all injuries of children and youths under 18 years of age in 1975 that resulted in restricted activity or medical attention occurred at home; 26 percent inside the house and 28 percent on the adjacent property. About 17 percent of the injuries occurred at school, 10 percent at places of recreation including school, 8 percent on streets and highways, and 12 percent "somewhere else" (including farms and the work place) (*78*).

For injuries resulting in visits to emergency rooms, questions have been asked about consumer products involved. In 1976, among children under 6 years of age, the five leading products, which accounted for 382,000 emergency room visits, were tables, stairs or ramps, bicycles, swings, and beds (*130*). Among children 6–11 years of age, the top five, which accounted for 498,000 visits, were bicycles, glass of unspecified origin, swings, skateboards, and nails and tacks. Among youths 12–17 years of age, the top five categories were all recreational: football, basketball, bicycles, baseball, and skateboards accounted for 773,000 emergency room visits.

More recent data fron the surveillance system show that in 1979–80 the five leading products involved in product-related injuries of children under 5 years of age were tables, stairs, chairs and sofas, beds, and playground equipment. For children 5–14 years of age, they were bicycles, football, baseball, playground equipment, and ice and roller skating.

Respiratory Conditions

Of all diseases affecting children, respiratory conditions cause more disability and use of medical services than any other type of condition. Children and youths have more days of restricted activity, spend more time in bed, and lose more days of school because of acute respiratory conditions than for any other reason. In 1975–76, respiratory conditions accounted for 61 percent of the school days children missed because of an acute illness. Asthma caused more long-term limitation of activity than any other chronic disease in children; only chronic bronchitis was more prevalent.

A quarter (26 percent) of all visits children under 18 years of age made to office-based physicians in 1975–76 were for respiratory conditions—33 million visits a year. Over half (58 percent) of these visits were for acute upper respiratory conditions; 15 percent were for bronchitis or asthma.

A fifth (21 percent) of the days children spent in short-stay hospitals in 1975–76 were due to respiratory conditions—4.9 million days a year. A third (30 percent) of these days were due to pneumonia.

In 1976, 5 percent of the deaths of children and youths past infancy were due to respiratory conditions. That year, pneumonia caused the deaths of over 900 children ages 1–17 and almost 2,000 infants.

Tooth Decay

Tooth decay probably affects more children than any other single health problem except upper respiratory conditions and injuries. However, while most upper respiratory conditions and injuries have only transitory effects, tooth decay is permanent.

At the time of the first National Health and Nutrition Examination Survey in the early 1970's, 44 percent of all children and youths and 54 percent of those who were adolescents were found on examination to have one or more decayed unfilled teeth; 53 percent of all children and youths and 68 percent of the 12–17-year-old adolescents needed dental care.

Tooth decay is a problem from early childhood into adulthood. Although evidence of decay was rare among children under 4 years of age, the average 5-year-old had 2.2 decayed, nonfunctional carious, or filled primary teeth; most often these were decayed teeth. Half (55 percent) of the primary school-age children had one or more decayed, missing, or filled (DMF) permanent teeth. The average 11-year-old had 2.7 affected teeth (*131*).

By the time they are 12–17 years of age, only 10 percent of the children have no decayed, missing, or filled teeth. A fourth (26 percent) of the adolescents examined had one or more teeth missing (they were not necessarily missing because of decay); half (54 percent) had one or more decayed teeth needing repair. The average 17-year-old had 8.7 decayed, missing, or filled teeth—2 decayed, 1 missing, and 5 filled—30 percent of their teeth were affected.

Girls were more likely than boys to have decayed, missing, or filled teeth. And there was some evidence that by adolescence white children were more likely than black children to have DMF teeth, although the difference was not significant. However, 60 percent of the DMF teeth of white adolescents had been filled in contrast with 23 percent of the teeth of black adolescents.

Family income and parental education were not determining factors in tooth decay. Differences in the average number of affected teeth among income or education groups were not significant. However, family income was associated with whether white children had their teeth filled; four-fifths of the affected teeth had satisfactory fillings if a white adolescent lived in a family with an income of $15,000 or more but only two-fifths if the family income was $3,000 or less. Only one-fifth of the affected teeth of black children had satisfactory fillings regardless of family income. (The comparison is complicated because black adolescents were twice as likely to have teeth missing; 47 percent of the black adolescents compared with 22 percent of the white adolescents had one or more teeth missing. Information on why they were missing was not reported.)

The impact of untreated dental problems on many of the children is probably permanent. Among the adults examined in 1971–74 at the same time the children were, one-fifth of those 35–44 years of age already had lost all of their teeth from one or both arches; 9 percent had no natural teeth. The average 35–44-year-old adult had nine teeth missing.

The incidence of decay throughout childhood is high. Children need both better education in how to care for their own teeth and more care from dental professionals.

Visual and Eye Problems

In the same survey, eye abnormalities and the need for eye care were evaluated. Few children had significant eye abnormalities needing treatment—4 percent of the children 1–5 years of age and 5 percent of those 6–19 years of age. Of these needing treatment, 71 percent of the younger children and 47 percent of the older children were not receiving treatment (*78*).

National data on visual acuity are not available for the 1970's but there is no reason to believe that the prevalence of defective visual acuity has changed since adolescents 12–17 years of age were examined in 1966–70. At that time slightly more than 40 percent were unable to see well enough to read at the 20/20 level at the standard distance without correction; only about a third wore corrective lenses. Even so, nearly a third of those who wore lenses failed to reach the 20/20 level even when wearing their own lenses (*132*).

Skin Disorders

An interesting example of the need for care along with information on whether the person tried to get care is provided by the dermatological evaluations in the 1971–74 National Health and Nutrition Examination Survey. Over one-third (36 percent) of adolescents 12–17 years of age were found to have significant skin conditions—conditions that in the opinion of the trained survey dermatologists should be seen by a physician at least once for assessment or care (*133*).

Only 15 percent of the adolescents had conditions that they were concerned about, but of those who were concerned, only half (51 percent) had sought any care and only a quarter (23 percent) had sought care from a physician. Not surprisingly then, only about a sixth (16 percent) of the concerned adolescents were receiving what the survey dermatologists considered to be the best possible care, although 70 percent had conditions that could be improved with expert care.

Clearly, when people have conditions that could be improved with expert care but only a fraction are receiving that care, there is an unmet need. It cannot be brushed off as a lack of concern among adolescents about a trivial problem. Of those adolescents who considered their skin condition a social handicap, the survey dermatologists rated 95 percent as being disfigured. Of those who considered their skin condition an employment handicap, 90 percent were rated as disfigured (*133*).

Mental and Emotional Disorders

The lack of agreement in classification and of measuring instruments has retarded the development of knowledge about the incidence and prevalence of psychiatric disorders among children. Existing research fills in only parts of the puzzle. National data on the incidence of psychiatric disorders are not available for children. Gould *et al.* (*134*) recently reviewed prevalence studies of mental disorder among children, summarizing 25 studies that had estimated the prevalence of "clinical maladjustment" among children in the United States between 1928 and 1975. These studies are characterized by a variety of methods and concepts; this fact partially accounts for the rate of maladjustment per 100,000 population ranging from 8,000 to 25,000, with a median rate of 18,000 per 100,000 (i.e., 18 percent).

If this estimate is interpreted to mean children in need of clinical treatment, it appears to be high. The Stanford Research Institute, in reviewing studies and reanalyzing data collected through the Health Examination Survey in the 1960's, found much lower prevalence rates of emotionally disturbed children. In nine studies published from 1954 to 1974 the prevalence rate was 2 percent of the school-age noninstitutionalized population. Teachers reporting on the Health Examination Survey estimated 3.4 percent of the elementary school-age and 1.2 percent of the secondary school-age population in need of special services for emotionally disturbed (*135*). When parental reporting of problems which may be indicative of emotional disturbance was added, an additional 3.7 percent of the elementary school-age population were identified, for a prevalence of 7.1 percent. It is noteworthy that of each 100 children identified, only seven (0.5 percent of all children) were identified by both parents and teachers. Children identified by parents tended to have health-related problems such as late walking or hearing problems; children identified by teachers tended to be less attentive and more restless, to require more discipline and to be less popular with school playmates.

Gould *et al.* (*134*) pointed out that the most severely disturbed or psychotic children are not likely to be found in schools which is where many of the studies referred to were done. Psychotic disorders are rare in childhood and adolescence, but studies indicate that the rate of "psychotic disorders" among children is on the order of 45 per 100,000 population. The authors also observed that most children with "psychotic disorders" receive treatment, in contrast to children with "clinical maladjustment," which suggested to them that the majority of children with "clinical maladjustment" were not receiving treatment.

The rates of utilization of the specialty mental health and health sectors by children are considerably lower than the estimated prevalence rates, thus supporting the suggestion that most children with a clinical maladjustment are not receiving care in the specialty mental health sector or the general health sector. Based on the limited data available, it appears about 1 percent of the children are treated by the specialty mental health sector and 1–10 percent are treated by the general health care sector (*136*). Health services research may help us discover the factors that contribute to children's being underserved with respect to mental health services.

These observations on the lack of care of "clinically maladjusted" children in the medical care sector are confirmed by estimates of the proportion of emotionally disturbed children who are not being served in schools. Using a prevalence rate of 2 percent, it was estimated that there were a million emotionally disturbed children ages 5–17 in 1977–78 (*137*). Of these, 288,000 were receiving services, leaving 725,000 potentially unserved children. Thus, only 28 percent of the emotionally disturbed children who potentially should be receiving special education services were receiving them. Emotionally disturbed children were less likely to be receiving special education services than any other category of handicapped children and accounted for the largest number of children not receiving the services to which they were entitled.

RISK-TAKING BEHAVIOR

The risk-taking behavior of adolescents can result in being injured or killed in an automobile accident—the leading cause of death among adolescents. Risk-taking sexual behavior can result in acquiring a sexually transmissible disease and for girls it can result in becoming pregnant with unwanted children. Smoking and drinking are associated with shortened life expectancy and the development of certain diseases, and alcohol is frequently a factor in motor vehicle accidents. Crime and violence can result in injury or death or in a criminal record that can curtail educational or work opportunities. Failure to seek medical care when indicated is another behavior by which adolescents increase their own risk of ill health.

Tobacco, Marihuana, and Alcohol Use

In 1979, 72 percent of the high school seniors had drunk alcohol, 34 percent had smoked a cigarette, and 37 percent had smoked marihuana within the 30 days prior to the survey.

The proportion of adolescents ages 12–18 who currently smoke cigarettes increased until about 1974 and then began to decrease. The decrease is due primarily to a decrease in cigarette smoking among boys, who were more likely to smoke cigarettes than girls until the mid 1970's. However, by 1979 boys were less likely than girls to smoke. The proportion of adolescents who have ever tried cigarettes does not show the same downward trend as the proportion who are regular smokers. Over half of the adolescents and four out of five young adults 18–25 years of age in 1979 had at least tried smoking tobacco. However, the majority had smoked less than five packs of cigarettes (*138*). Of those adolescents who had tried it, 28 percent had smoked 100 cigarettes or more. While a higher proportion of adolescents had tried smoking tobacco than had tried marihuana (54 vs. 31 percent), the proportion of those who had tried it and smoked 100 or more cigarettes was close to the same (28 or 24 percent).

Between 1972 (when data were first collected on a national sample) and 1979 the proportion of adolescents who had tried marihuana more than doubled, from 14 to 31 percent. The rapid increase came early in the decade; the slight increase between 1977 and 1979 was not significant.

In the adolescent's world in the late 1970's, smoking marihuana was still not as common as smoking tobacco or drinking alcohol—54 percent of the adolescents in 1979 had tried tobacco and 70 percent had tried alcohol. Nevertheless, marihuana use was very much a part of the youth culture. Even in rural areas and in the South, where marihuana use was relatively low, about a quarter of all adolescents and half of those 16–17 years of age had tried it at least once, while more than a quarter had used it within a month of the survey (*138*).

Of those who had tried marihuana, about a quarter had only used it once or twice but an equal number had used it 100 times or more. Probably included among those who had tried it only once or twice were younger adolescents and older ones who were just beginning to use marihuana; only 8 percent of the 12–13-year-olds had ever tried the drug, and 8 percent of all adolescents who had tried it had first used it during the 6 months preceding the survey (*138*).

The drug of choice is still alcohol—70 percent of all adolescents and 95 percent of all young adults in 1979 had at least tried it. Over a third (37 percent) of the adolescents in 1979 were current drinkers; that is, they had had a drink within the month preceding the survey; this figure includes 9 percent who had consumed alcohol five or more times during the month. For the most part they had only one or two drinks, but 11 percent had, on at least one occasion, five or more drinks during the preceding month (*138*).

Sexual Behavior

Increasing proportions of unmarried adolescent girls have had intercourse and the increase has occurred at all ages. In 1971, 27 percent, and in 1976, 41 percent of the unmarried 17-year-old women reported that they had had sexual intercourse at least once. The comparable figures for 15-year-olds are 14 and 18 percent (*25*).

The proportion of women 15–19 years of age residing in metropolitan areas of the United States who have had premarital sexual experience increased from 30 percent in 1971 to 43 percent in 1976 to 50 percent in 1979. About half (49 percent) of the unmarried 17-year-old women in metropolitan areas had had intercourse in 1979 compared to 43 percent in 1976 and 26 percent in 1971. The comparable figures for unmarried 15-year-olds are 23, 19, and 14 percent. While the proportion of unmarried adolescent women who have ever had intercourse was still much lower for white than black women in 1979, virtually all of the increase between 1976 and 1979 is accounted for by the increase in the proportion of unmarried white adolescent women who have had intercourse (*17*).

The proportion of all teenage women who have ever been premaritally pregnant also increased from 9 percent in 1971 to 13 percent in 1976 to 16 percent in 1979. These increases have been accompanied by a decline in the likelihood that premaritally pregnant teenagers will marry and, among those who remain unmarried, an increase in the proportion of the pregnancies that are terminated by abortion (*17*).

These trends have been noted by a number of observers. The decreased likelihood of a teenager marrying is especially well-documented. Even in the short time between 1974 and 1978, first marriage rates for women 14–17 years of age decreased from 25 to 17 per 1,000 never-married women and for women 18–19 years of age they decreased from 134 to 96. In 1974, 43 percent of all brides marrying for the first time were under 20 years of age; in 1978, only 34 percent were that young (*139, 140*).

There was evidence in 1979 of an increased and more consistent use of contraception but there was a decline in the use of the pill and the IUD and a rise in the use of the least effective methods, especially withdrawal.

Because information was collected from young men for the first time in 1979, no data on time trends are available for young men. However, in 1979 over half (56 percent) of the unmarried 17-year-old men had had intercourse at least once (*17*). Of the unmarried 17-year-olds, white men were more likely than white women and black men were less likely than black women to have had intercourse.

The young women are at risk of pregnancy and both sexes are at risk of contracting a sexually transmissible disease. Sexually transmissible diseases have been rare among adolescents under age 15 and somewhat more common among 16–17-year-olds but historically the incidence of sexually transmissible diseases has been much higher among young adults (*141*). It is certainly possible that the incidence of these diseases among adolescents will increase with increasing levels of sexual activity.

Crime and Disruption

School crime and disruption can be significant problems. During a typical month, a secondary school student has about 1 chance in 9 of having something stolen, 1 chance in 80 of being attacked, and 1 chance in 200 of being robbed by force. Personal violence is most pronounced in junior high schools (*142*).

The arrest rate of adolescents for violent crimes and, to some extent, for property crimes has been increasing. In 1977, 150 youths per 100,000 were arrested for robbery compared with 93 youths in 1967 and 59 youths in 1964, the first year that comparable records were kept. The comparable figures for aggravated assault were 136, 90, and 65, respectively.

CHAPTER 5

RESOURCES FOR HEALTH CARE

Counting the supply of health care resources available to children appears to be simple but is in fact extraordinarily difficult. A physician may be licensed to practice and a hospital authorized to have a specified number of beds but the physician may be engaged in research or administration instead of patient care and the hospital may not have constructed a new wing or may have closed an old one even though the beds are authorized. A registered nurse may not be currently in the labor force but is thinking of returning someday or may be only working part time. In addition, some professionals are licensed in more than one jurisdiction.

Hospitals may be licensed to have a specified number of beds but the actual number staffed and available may be lower. A clinic with satellites or a clinic open in different places on different days of the week may be counted once or several times.

It is difficult to evaluate the adequacy of the supply of resources—personnel, funds, facilities—for children in different areas of the country. First, the resources for children overlap with those for other populations in an area. Second, there is some question as to whether a high ratio of physicians (or other health personnel) to population is good in itself. (There is evidence that some children receive unneeded care—such as required school and camp physical examinations—and unneeded and possibly harmful surgery—such as tonsillectomies.) Third, an area may have a relatively small supply of a health resource but people there have access to an adjacent area with a large supply of that resource. A county that is short on resources may be next to a county with an abundance of easily accessible resources. Fourth, an area that is low on one type of medical professional could be well supplied with other professionals who are able to provide effectively many of the needed services.

Finally, when the desire is to estimate the resources available to one population group, in this case children, the task becomes almost impossible. Pediatricians care for children primarily but they also care for older people if needed and many children, especially adolescents, receive care from physicians with other specialties. Dentists, nurses, and other practitioners provide care to people of all ages, not only children. Children's hospitals and pediatric units in community hospitals provide care for children but the number of beds may not be constant and a sick child will be put in another unit if necessary. Determining expenditures for the care of children suffers from the same difficulty.

Much of the data for this chapter are based on informed estimates using careful methodology and multiple sources of information. They are the best available, but the users should be aware that different assumptions or more information could have produced different estimates. For example, different assumptions about the number of hours physicians or nurses spend in patient care produce different estimates of the number of "full-time equivalent" physicians and nurses. Different assumptions about the number of conditions requiring care and the kind of care required produce different estimates of the number of physicians and other health personnel required to care for children.

SUPPLY OF HEALTH CARE PERSONNEL

Data on the number of primary care physicians indicate that there has been a great decline since the 1930's in the number of these physicians and the number relative to the population. In 1931, there were 112,116 general practitioners, 3,567 general internists, and 1,396 general pediatricians—altogether 117,000 providers of primary care for the entire population. In 1963, there were 68,091 general practitioners, 21,114 general internists, and 9,225 general pediatricians (98,000 in all); by 1971 there were 49,528 general practitioners, 23,829 general internists, and 10,742 general pediatricians (84,000 in all). Over this 40-year period the ratio of the primary care providers to the population declined, from 94 physicians per 100,000 population to 41 per 100,000 (*143*).

The Harvard Child Health Task Force report stated that in 1931 there were 18.6 physicians (full-time equivalents) per 100,000 people who devoted time to the primary care of children but that the ratio had declined to 11.3 per 100,000 by 1973 (*144*). This estimate depends on the premise that general practitioners and family practitioners give most if not all of their time providing primary care, and that internists see children infrequently. The estimated number of primary care physicians declined from 94 per 100,000 in 1931 to 65 per 100,000 in 1973.

According to the Bureau of Health Professions, there were 124,000 primary care physicians (defined as general practice and now including family practice, general internal medicine, and pediatrics) in 1973 or 57.7 per 100,000 population (*145*). These are the primary care physicians designated under the Health Professions Educational Assistance Act of 1976 (P.L. 94–484).

Regardless of how one counts, there is no question that there was for many years a decline in primary care physicians resulting largely from an increase in specialization. In 1930, 75 percent of the physicians were engaged in primary care. By 1970 only 38 percent of the professionally active physicians were engaged in primary care and the proportion has remained relatively constant since then (*145*).

However, since 1968 the supply of primary care physicians has been increasing more rapidly than the population so that the physician to population ratio has increased and is projected to continue increasing at least until 1990. In 1969, there were 55.0 and in 1976 there were 61.9 professionally active primary care physicians per 100,000 population. According to the Bureau of Health Professions (BHP) projections, there will be 74.9 in 1980 and 97.9 per 100,000 in 1990 (*145*). The proportion of first-year residencies in primary care specialties has increased from 25 percent of all residencies in 1968 to 43 percent in 1976. Most of the increase is accounted for by family practice, which did not exist as a specialty in 1968 but accounted for 12 percent of the first-year residencies in 1976 (*145*).

The concern about an undersupply of physicians has now changed to a concern about oversupply. If the Bureau of Health Professions projections are correct, there will be 567,000 active physicians including 240,000 primary care physicians by 1990 or 231.3 and 97.9 per 100,000 population, respectively (*145*). According to the Graduate Medical Education National Advisory Committee (GMENAC), there will be 536,000 active physicians including 176,000 in primary care but only 441,000 to 490,000 physicians including 175,000 to 194,000 primary care physicians will be required (*146*). Instead of a shortage, there will be a surplus of 70,000 physicians by 1990 and 145,000 by the year 2000. However, little of the excess will be in primary care. The supply of physicians in those specialties will be in near balance with the need if the projections and estimates made by the Graduate Medical Education Advisory Committee are correct but there will be a surplus if the BHP projections and the GMENAC estimates of need are correct (table I).

Because of the projected surplus of physicians, the Advisory Committee made several recommendations that could affect the provision of health care to children. One was that "although the Models estimate a small surplus in the three primary care disciplines, GMENAC recommends that a larger surplus be created deliberately in the 1980's as an interim measure

TABLE I. Estimated and Projected Number of Physicians, According to Specialty: United States, 1978 and 1990

	GMENAC				BHP
	Number of Physicians				
Specialty	1978	1990	Percent Increase 1978–90	Ratio of Projected Supply to Estimated Requirements in 1990	Number of Physicians 1990
General family practice	54,350	64,400	18	1.05	82,830
General pediatrics	23,800	37,750	59	1.15	48,470
General internal medicine	48,950	73,800	51	1.05	108,530
Primary care total	127,100	175,950	38	---	239,830
Obstetrics-gynecology	23,100	34,450	49	1.45	33,230

SOURCES: References *145, 146.*

until an aggregate balance can be achieved in the 1990's." A second was that until studies have been completed, "the numbers of PA's, NP's, and NMW's in training for child medical care, adult medical care, and obstetrical/gynecological care should remain stable at their present numbers" (*146*).

There is evidence of a conflict in these recommendations. The estimate of need for primary care physicians was lower than it would have been if there were no delegation to nonphysician providers, thus GMENAC recognized the contribution of these providers. The report included a delegation level for 1990 of "not more than 46 million ambulatory visits (16 percent of the child ambulatory case load)." However, the committee estimated that the supply of nonphysician providers would double between 1978 and 1980, thus adding their contribution to the physician surplus. The force of these recommendations, therefore, would be to continue training physicians but to shift those in training from other specialties where the surplus is projected to be much greater into primary care specialties and to restrict the expansion of the supply of personnel who are not physicians. The total number of personnel available for primary care would continue to grow but the ratio of physicians to nonphysicians would increase.

The GMENAC recommendations were submitted just before this was written. The methodology has not yet been subjected to outside criticism and, since much of it was developed for this report, may be disputed and revised. The recommendations may be accepted in whole, in part, or not at all. If they are accepted, they could alter the availability of health care to children and to pregnant women.

It is also important to remember that some physicians in office-based practice who are not designated as primary care physicians and physicians in institutional settings are also providing primary care to children. Children are actually receiving more medical care than they used to, although it is possible that a smaller proportion of the care is from the designated primary care physicians. Of all children who made a visit for medical care in 1974, 10 percent received all their care in institutionalized settings and 35 percent received some of their care in such places. Only two-thirds received all their care from private physicians. Of the visits children and youths made to office-based physicians in 1975–76, one-fourth were not to designated primary care physicians. In 1976, 65 percent of the professionally active primary care physicians whose major activity was patient care were in office-based practice and 60 percent of the office-based physicians were not primary care physicians.

It is also important to recognize that the Bureau of Health Professions projects that the supply of other health personnel whose services are important for children, such as dentists and optometrists, will not increase as much as the supply of physicians will (table J).

In general, the supply of professional resources has grown and will continue to grow for all levels and areas of training. The numbers of physicians, dentists, registered nurses, optometrists, and podiatrists are all expected to increase. The supply of dietitians, medical technologists,

TABLE J. Estimated and Projected Number of Active Health Personnel and Percent Increase in Supply: December 1965–90, Selected Years

Active Health Personnel	Number of Personnel 1965	1979	1990	Percent Increase 1965–1979	1979–1990
Total personnel	1,157,965	1,914,720	2,530,400	65.4	32.2
Physicians	288,675	433,550	598,340	50.2	38.0
M.D.'s	277,575	416,680	568,500	50.1	36.4
D.O.'s	11,100	16,870	29,840	52.0	76.9
Dentists	95,990	123,500	156,290	28.7	26.5
Optometrists	17,300	21,560	26,450	24.6	22.7
Pharmacists	104,100	140,360	175,040	34.8	24.7
Podiatrists	7,600	8,340	12,460	9.7	49.4
Veterinarians	23,300	35,410	52,820	52.0	49.2
Registered nurses	621,000	1,152,000	1,509,000	85.5	31.0
Total population (thousands)	195,539	221,195	244,503	13.1	10.5

SOURCE: Reference *42*.

occupational therapists, physical therapists, and speech pathologists (personnel requiring baccalaureates only) will also grow. The supply of personnel requiring less training (baccalaureate not necessary) will also expand; this includes lab assistants, licensed practical nurses, and radiologic technologists. Emphasis on the growth of physician extender personnel has also led to the emergence of a supply of physician's assistants and nurse practitioners. In 1979 there were 16,000 graduates of nurse practitioner programs of whom 61 were child health associates; 89 percent of those with certificates and 64 percent of those with masters degrees were in primary care. Approximately 70–80 percent of the physician's assistants were employed by primary care physicians (*147*).

GEOGRAPHIC DISTRIBUTION OF HEALTH CARE PERSONNEL

The number of people available to provide health care to children is only one of the factors affecting availability of services. Whether health care providers are located where they are needed is another. In 1977 there were 16 million people living in critical health manpower shortage areas designated under Section 329(b) of the PHS Act (*148*). One report stated that "there are not enough of the right kind of doctors and other medical personnel in the right places to adequately respond to the health care needs of children" (*144*).

Physicians are heavily concentrated in metropolitan areas, especially the metropolitan areas of the Northeast. For example, in 1976 when there were 162 physicians for every 100,000 people, there were 254 physicians per 100,000 people in the large metropolitan areas of the Northeast (290 per 100,000 in the core counties) in contrast to 75 per 100,000 outside metropolitan areas in the North Central region and 72 per 100,000 outside metropolitan areas in the South.

There were about 98,000 active non-Federal dentists in the United States in 1976 or 46 dentists per 100,000 persons. The concentration of dentists was also heaviest in the large metropolitan areas. Within standard metropolitan statistical areas there were 51 per 100,000 persons; outside these areas there were 32.

Although programs for physician's assistants (PA's) and nurse practitioners (NP's) were originally perceived as providing services in areas where there was a shortage of physicians, the distribution of these practitioners has not, to date, been significantly different than that of physicians. Available data on NP's and PA's in 1977 indicate that approximately 70 percent of them were practicing in nonshortage areas, while the remaining 30 percent were in shortage areas (*149*).

Two factors have an impact on the geographic distribution of NP's and PA's. The first involves the restrictions placed on their services under various professional practice acts in the States, such as supervision requirements and the range of permitted activities including prescribing drugs. The second is whether reimbursement is made for their services by third-party insurers, including Medicare and Medicaid (*149*).

The counts of physicians (or other resources) do not seem to provide useful indicators of their availability when evaluated by utilization rates. Apparently, there are barriers that make resources inaccessible even though they are theoretically available.

The ratio of pediatricians to children, of obstetricians to women of childbearing age, and of all physicians to the general population is higher in metropolitan areas than outside them and is highest in the core counties of large metropolitan areas (*52*). Nevertheless, children in central cities are less likely to receive care from an office-based physician than children outside metropolitan areas. A study of utilization rates in nonmetropolitan designated Medically Underserved Areas showed that the use of medical services was as high in these areas as in other nonmetropolitan areas although children were less likely to have had a routine physical examination in the medically underserved areas (*150*).

SATISFACTION WITH HEALTH CARE FACILITIES

On the Annual Housing Survey in 1977 people were asked whether the local hospitals and health clinics were satisfactory. Eighteen percent of the children and youths under 18 years of age lived in households where the answer was no. About 6 percent of the children lived in households where the adult respondent was bothered very much by the unsatisfactory facilities and another 5 percent lived in households where the respondent was bothered somewhat. Thus, in 1977, 11.5 million children and youths lived in households where an adult found the health facilities unsatisfactory, and the adult respondents for 3.9 million of the children were bothered very much. A higher proportion of white than of black children and youths lived in households where an adult found the facilities unsatisfactory.

Lack of satisfaction with health facilities was more common outside than inside standard metropolitan statistical areas (SMSA's); 22 percent of the children and youths outside SMSA's lived in households in which the respondent expressed dissatisfaction while 16 percent inside SMSA's lived in households where dissatisfaction was expressed. Somewhat surprising was the finding that the proportion expressing dissatisfaction was lowest in the households of 12 million children and youths living in the central cities of large SMSA's; 11 percent of the children lived in households where dissatisfaction was expressed. Family income or education of the householder did not appear to be associated with whether people were satisfied with health facilities.

THE INCREASING COST OF HEALTH CARE

While the Consumer Price Index increased by 87 percent from 1970 to 1979, the price of medical care increased by 99 percent. Physicians' fees were twice as high and the price of a hospital room two and a half times as high in 1979 as in 1970. The increases were relatively less, however, in the later part of the 1970's than in the early 1970's. For example, fees for pediatricians increased at an average annual rate of 7.0 percent from 1970 to 1973, at 15.2 percent from 1973 to 1975, and at 5.6 percent from 1975 to 1978. By 1978 the average fee for an initial office visit to a pediatrician was $19.03 and the fee for a subsequent office visit was $13.72.

From 1970 to 1978, expenditures for the health care of children under 19 years of age increased from $10.4 million to $19.9 million. Per capita expenditures increased at an average annual rate of 9.6 percent—from $137.68 to $286.07 per child. Thus, the amount spent per child just about kept pace with the increase in medical care prices.

The distribution of funds, that is the proportion spent on specified services was relatively steady; changes were minor. The proportion spent on hospital care increased from 33.2 to 35.6 percent and the proportion spent on dentists' care increased from 11.5 to 14.0 percent. The proportion spent on drugs and drug sundries decreased from 18.2 to 14.2 percent. All other changes were less than one percentage point.

Adequate care for most children is relatively inexpensive. If there are medical complications, costs increase and they can skyrocket for a child requiring intensive care. Third-party payment plans, which, like all insurance, are designed to pay for the unexpected or unusual event, do not provide much coverage for the "routine" care of children. The public programs that are designed to provide accessibility to medical care for low-income people only partly fill the need.

In the face of general inflation and the greater inflation of medical care prices, children's medical care will be increasingly difficult to pay for. Children remain the only population group in which a substantial proportion are below the officially designated poverty level, and families with young children in general have less money than other families if only because people have their children when they are young and have less money. Nevertheless, public programs pay for about the same proportion of the care of children as of adults of working age (29 percent in 1978) and a much lower proportion than for elderly people (63 percent in 1978).

PRIVATE AND PUBLIC COVERAGE AND EXPENDITURES FOR HEALTH CARE

Most children live in families that have private health insurance coverage. In the mid-1970's about three-quarters of the children and youths were reported as covered by some form of private health insurance. Children in families with relatively high incomes, high levels of education, and both parents present were more likely to be covered by health insurance than other children. Half of the black children and half of the children with no father in the household had no coverage, and about a quarter (27 percent) of the children in families with incomes under $5,000 had no coverage.

If public programs are working as desired, they will compensate for the absence of private insurance. In 1976 a series of questions were asked in the National Health Interview Survey to determine how many people had no coverage under any public or private program. At that time, 48.2 million children and youths who were not in institutions were reported to have some form of private health insurance coverage, 6.7 million to have Medicaid coverage, 2.0 million had coverage under other programs, and 7.6 million—one out of nine—were not covered by any of the specified forms of coverage. One-quarter of the children in families with incomes under $5,000 and one-quarter of the farm children were not covered. Clearly, public programs did not compensate for the lack of private insurance. In addition, continuing coverage under Medicaid is not assured. People may have coverage at one point in time but lose it because of changes in family income or structure. Analysis of the National Medical Care Expenditures Survey data confirms what has always been suspected: although 4.6 million children under 18 years of age were covered by Medicaid at some time during 1977, only 4.1 million children were enrolled at any one point in time that year (*151*). Preliminary data from that survey also confirm that many children (8.1 million in 1977) were not covered by either public programs or private insurance (*152*).

The Medicaid program was designed to reduce or eliminate differentials in accessibility, availability, and quality of medical care by reducing the financial barriers for low-income families. Although it has not been completely successful in achieving its goals, it is the public program providing the largest amount of money for the medical care of children. Therefore, it is worthwhile to examine it in detail.

Of the $5,696 million from public funds spent on the health care of children under 19 years of age in fiscal year 1978, 55 percent or $3,142 million was from Medicaid, with $1,751 million from the Federal Government and $1,391 million from State and local governments. The next largest dollar amount spent from public funds for personal health care of children and youths was $823 million spent by the Department of Defense for minor dependents of military personnel. Other programs provided about $1,731 million; this includes the Medicare program, which paid $30 million, and State and local public hospitals, which spent $85 million.

Although most of the money spent on the medical care of children and youths (71 percent) is from private rather than public funds, the proportion from public funds has increased from 16 percent in 1965 to 24 percent in 1970 to 29 percent in 1978, reflecting primarily the increase in Medicaid spending during the early years of its implementation.

That the great increase in public relative to private financing occurred during the early years of the program can be seen by considering the average annual percentage rate of change in per capita expenditures. From 1965 to 1970 the average annual change in expenditures for children and youths under 19 years of age was 21 percent for public expenditures and 8 percent for private expenditures. From 1970 to 1976 the comparable public and private expenditures were 13 and 8 percent and from 1976 to 1978 they were 10 and 11 percent. The growth rate for public expenditures has been declining (the dollar amount is still increasing) while the growth rate for private expenditures, which remained fairly stable for a decade, is now increasing.

There appears to be little question that Medicaid, along with other public programs at the Federal, State, and local levels, has made it possible for many children to receive medical care who otherwise would not. The programs have succeeded in reducing but not eliminating differentials in use of medical care. However, equity, that is equal use according to need, has not been achieved.

When the people living in a State are poor, there are many conflicting demands for relatively little money. One of the consequences is that the services provided under Medicaid, which is a State program, may be at the minimum level. Poor children in poor States will then receive fewer benefits than poor children in wealthier States. For example, of the 17 States where the income standard for all basic needs for a family of four was under $300 per month, 14 States or 82 percent either had no coverage under Medicaid or restrictions on coverage for vision or dental services; of the 33 States and the District of Columbia where the income standard was $300 or more, 21 or 62 percent, had such restrictions.

Also, one study has shown that, although people enrolled in Medicaid appreciated the help that Medicaid offered in paying for care, Medicaid did not change their health care pattern. To some extent this was because the enrollees did not try to find a private doctor or change their source of care, but another reason was the refusal of many private physicians to care for Medicaid enrollees after Medicaid reimbursement was changed from the customary fee to a fee set lower than the customary one (*153*).

There are gaps in eligibility due to the design of the programs and the lack of coordination among them and there is inequality in the services provided because of the ways in which the programs are funded. (See volume II.)

In some cases, the rigidity of the regulations also makes it difficult to provide needed services to children. Auxiliary medical personnel can often screen children to determine whether a doctor should see the child and can provide many of the ambulatory care services which are the mainstay of medical care for children. Pediatric nurse practitioners can serve in isolated areas, referring children when necessary. They can spend time with the parent or child explaining the treatment and the reason for continuing the medicine even after the child appears to have recovered; they can often speak in words understood by parent and child better than the doctor can. Despite these and other advantages, the services of nurse practitioners may not be covered by either public or private third-party insurance.

Knowing whether a person has private health insurance or is covered under a public program is only a partial answer to the question, Who pays for care? There are restrictions and limitations on what public programs and private insurance will pay for. In general, they are designed to pay for inpatient care that is used by relatively few children. Although in 1978, 46 percent of the hospital care was paid for out of public funds, only 6 percent of all children and youths are hospitalized during a year. In contrast, only 16 percent of the bill for physicians' services was paid out of public funds, although 75 percent of the children and youths receive ambulatory care. As a result, neither private health insurance nor Medicaid pays for much of the routine care of children.

Some children probably fail to receive care when there is no third-party financing. In 1978, only 86 percent of the children and youths with no third-party coverage even had a regular source of care in contrast to 92 percent of those with Medicaid and 94 percent of those with private or military coverage. The differential remained even when poverty status was controlled.

Of the 50.1 million children and youths who actually received ambulatory care in 1974, 27 percent had all or part of the bill paid by private insurance and 15 percent by public funds. For 6 percent the method of payment was uncertain, and for 79 percent all or part of the care was paid out-of-pocket. The impact of Medicaid can clearly be seen here. While children and youths in families with incomes under $5,000 were less likely to receive ambulatory care than children in relatively high income families, these families were far less likely to make out-of-pocket payments if the children did receive care. Only 42 percent of the lowest income children compared with 89 percent of the highest income children had out-of-pocket payments; 52 percent of the lowest income children had bills that were covered wholly or in part by Medicaid and 6 percent by private health insurance while only 35 percent of the highest income children had bills for ambulatory care covered wholly or in part by private health insurance. Medicaid does help children in low-income families (although paying any out-of-pocket medical expense for a child in a family with less than $5,000 yearly income is bound to be difficult), but it does not provide much help to children in geographic areas where the proportion with health insurance coverage is low, such as farm children or children in the South.

Dental care is not well covered under private health insurance or Medicaid. Often it is not covered at all unless the need results from an accident or injury. In 1978, for example, of the 17 southern States, 7 provided no coverage for dental services and 8 provided services in case of emergency only. Preliminary data from the National Medical Care

Expenditure Survey indicate that the average charge for a dental visit for a child under age 12 was $22.71, of which 67 percent was paid by the family, 14 percent by private health insurance, and 20 percent by public sources (*154*).

The same is true for visual disorders. Significant eye abnormalities requiring special treatment are unusual in children but nearsightedness is common by the time children reach adolescence (*155*). However, in 1978 Medicaid did not cover vision exams at all in 10 States and covered examinations after surgery only in 4 States. Of the 36 States (including the District of Columbia) that did cover vision examinations, 9 had a restriction of 1 pair of glasses per year and 8 had other limits. Private health insurance does not cover routine eye care.

Coverage for dental examinations and care is improving for children in both the public and private sector and for vision testing in the public sector. A change in the regulations in 1978 permits direct referral under the Early and Periodic Screening, Diagnosis, and Treatment Program if the child's parent or guardian requests it. Thus, even if dental examination or vision testing is not covered under Medicaid, either can be obtained if requested. Enrollment in private dental insurance plans has been increasing. There were only 12 million enrollees in 1970 but by 1975 there were 34 million. The estimate for 1978 is 40 million (*156*).

There are many reasons for the differential proportions of care paid for by public programs among age groups including program eligibility and the fact that children, who are more likely to be in good health than adults, are less likely to require long periods of expensive inpatient care. The mixture of services needed by children is quite different from that needed by adults. Young people receive far more of their medical care as ambulatory patients and, in general, ambulatory care is less likely than inpatient care to be covered by either private or public coverage.

There are factors other than supply and need that determine utilization. Some people cannot afford the services they need for themselves or their children. Some people are not aware of a need for health services and would not use them if they were available. Forty-eight percent of the families in 1978 had cut back on one or more health-related items in order to cope with inflation with higher proportions among low-income families (56 percent), minorities (60 percent), and single-parent families (72 percent). Major health items that they were cutting back on included dental work and checkups of all kinds (*89*). There was also evidence of denial. Over half (54 percent) did not want to think that serious illness could happen to anyone in their family; 43 percent agreed that it can be very frightening to go for a checkup because you never know what you will find out; and 73 percent agreed that checkups cost too much for the average family to afford. In such cases, education and support resources may be needed as much as medical health care resources.

CHAPTER 6

USE OF HEALTH SERVICES

The previous chapters addressed the health status and need for health care of children and youths and the availability and accessibility of health services for children; this chapter addresses whether or not these services are used, how frequently they are used, and differentials in use.

While national data show that differentials between "poor" and "nonpoor" children in use of ambulatory care have decreased, they have by no means been eliminated (*157*). Differentials in both the proportion of children and youth receiving care and the place of care still exist.

Care in institutional settings is not inherently better or worse than private care (*158*). However, relying on hospital outpatient departments and emergency rooms for care or failing to have any regular source of medical care can present problems. One problem is that there may not be continuity of care. A related problem is that there may be a lack of certain kinds of preventive care such as the recommended series of inoculations. Another problem, which is seldom considered, is that people have to physically go to the outpatient department for care or consultation. When one is unsure about the need for medical care and the cost in time, money, or energy is excessive, there may be a tendency to delay or avoid care.

Differentials in the use of dental care are still large. In 1975–76, children and youths ages 4–17 were 1.6 times as likely to have received dental care within a year if the family income was $15,000 or more than they were if the family income was $5,000 or less. Private insurance and public programs are still less likely to cover dental care than medical care although the situation is changing.

Differentials in the use of inpatient care are the opposite direction from those for ambulatory care: children in poor families are more likely to be hospitalized and to remain in the hospital longer than children in families with more income. It can be assumed that children in poor families are less likely to receive good preventive care than children in families with more money. Certainly they are less likely to have received the recommended immunizations. They are also more likely to live in crowded and deficient housing with incomplete plumbing. Such factors are likely to contribute to more frequent and severe illness and, consequently, to more hospitalization.

The factors that contribute to differentials in the use of medical care are complex. Income is only one. Evidence presented in this chapter suggests that knowledge is another, if level of education is considered as a proxy.

The child's own needs for preventive or illness care are a third. The availability of appropriate resources is essential.

It is too simplistic to speak of the need for medical care as if all children needed the same kind of care or that the same child always had the same needs. Children need, and to varying degrees, many different kinds of health care. There will always be differentials in the utilization rates for physicians, dentists, hospitals, and psychiatric facilities because of differentials in the need for them. Such differentials are shown in this chapter. However, there are other differentials in use which are not associated with need. Those differentials are also shown.

CONTACTS WITH A PHYSICIAN

Most of the care children receive is ambulatory. In 1975–76, children and youths had about 12 times as many ambulatory medical contacts of all kinds and 5.5 times as many visits to office-based physicians as they had days in a hospital. Nevertheless, children and youths received less ambulatory medical care than adults. They had, on the average, 4.1 physician contacts (including telephone) while people 18–64 years of age had 5.2 and people 65 years of age and older had 6.7 physician contacts per person per year (*34, 122*).

In recent years, over half of the children and youths have had a contact with a physician within 6 months and about three quarters have had a contact during a year. Almost 90 percent have had a contact within 2 years and 97 percent within 5 years (*34, 122, 123*). In 1975–76, those with at least one contact had, on the average, 5.6 contacts during the year. Children in families where the head had less than 8 years of education and children in families with six or more people were less likely to have had any medical contact and had fewer contacts than other children. Only 63 percent of the children and youths in families with either of these characteristics had any reported contact with a physician during the year. Young children and children in highly educated families were more likely than other children to have had a physician contact during the year. About 88 percent of the children under age 6 and 84 percent of the children and youths in families whose head had 16 or more years of education had had at least one contact with a physician during the year.

Most of the contacts were because the child was, or was thought to be, sick. According to the parents, 80 percent of the contacts were for diagnosis or treatment while 13 percent were for general checkups and 5 percent were for immunization. In general, those groups of children who had fewer medical contacts during the year had a smaller fraction of their contacts for preventive care.

The American Academy of Pediatrics (*159*) has published guidelines and recommendations for the frequency with which children should visit a physician for routine preventive care and developmental evaluation. In each State, the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) also has a schedule for the ages and frequency at which children should be screened. It was not possible to obtain data to evaluate precisely what proportion of the children in the United States are being seen according to either set of guidelines but an approximation was made using information collected through the 1975–76 National Health Interview Survey on the interval since the last contact with a physician. If a child under 2 years of age had not had any contact with a physician within 6 months, a child 2–5 years of age had not had any contact within 1 year, or a child 6–17 years of age had not had any contact within 2 years, the child was classified as needing medical care.

By these criteria, 14 percent of the children and youths under 18 years of age who were not in institutions needed medical care in the mid-1970's (*35*); excluded of course are those children who needed care for a particular condition even though they had seen a physician within the specified time frame. Including those children would raise the percentages. The children most likely to have failed to receive care were the 11 million children living in households where the head had 8 years or less of education; one-quarter (25 percent) of those children had not had a contact with a physician within the specified interval. The 12 million children living in households where the head had 9–11 years of education were also at risk of failing to receive care; one-fifth of those children (20 percent) had not received care within the specified interval.

Also at high risk were children in large families and black children. In both categories about one-fifth of the children (21 and 19 percent, respectively) should have seen a physician more recently than they had if recommended evaluation and prevention schedules were to be maintained.

The large income differentials in children's receipt of medical care that existed prior to the implementation of Medicaid have diminished (*157*). Nevertheless, differentials by family income still exist and there are differentials by other characteristics of the family; the proportion of children who have had a physician contact during the year is 20 percentage points lower when the family head has not gone beyond eighth grade than when the family head is a college graduate or when there are six or more persons in the family in contrast with three or fewer.

As Anderson (*160*) pointed out, the poor improved their position relative to the rest of the population between 1963 and 1976 and currently have high levels of access if the measure is number of visits per person, but they may still receive less care relative to need.

The use-disability ratio is one way of examining differences among population groups in the use of medical care relative to need. Two use-disability ratios are shown in table K. Differences by income are much greater when either of the need measures is taken into account than when they are not; differences between white and black children and youths are relatively smaller. Differences in the number of physician contacts between children of parents with little education and those with above average education are large regardless of whether need is taken into account or not. One reason for the large differential by education is that the proportion of all contacts which were reported by the parents as being for a "general checkup" was twice as great when the family head was a college graduate as when he or she had not gone beyond eighth grade (15 vs. 7 percent). Since a limitation of using disability for estimating need is that the need for preventive care is not taken into account, the high use of

TABLE K. Physician Contacts per Person and per 100 Disability Days: United States, 1975–76 Annual Average

	Physician Contacts Per Year		
		Per 100 Days of:	
Variable	Per Person	Restricted Activity	Bed Disability
Family income			
Under $5,000	4.3	33	72
$5,000–$9,999	3.7	33	74
$10,000–$14,999	4.1	38	95
$15,000 or more	4.4	43	98
Education of family head			
8 years or less	2.8	26	58
9–11 years	3.6	31	75
12 years	4.1	38	86
13–15 years	4.8	44	101
16 years or more	5.4	49	120
Race			
White	4.3	38	88
Black	3.2	37	76

SOURCE: Tables 54 and 74.

services by children of highly educated parents relative to need as defined may reflect appropriate use of preventive care. On the other hand, it may reflect overuse if many of the general checkups are not really necessary.

A contact does not necessarily mean a visit to the physician. Many private physicians, especially pediatricians, can be reached by telephone at specified times and can almost always be reached through an answering service. Thus, when the parent is in doubt about whether the child needs to see a physician, advice can be obtained by telephone and many minor problems may be managed without an office visit. This option is seldom available except through private physicians, where there is usually no charge. About 17 percent of all contacts of children and youths are telephone contacts.

In 1974, only 6 percent of the black children and 12 percent of the children in families with incomes of less than $5,000 had a telephone contact during the year compared with 25 percent of the white children or 27 percent in families with incomes of $15,000 or more. The low-income child or the black child had to be *taken* to the physician with the resultant problems of cost, transportation, and time.

In 1975, children and youths under 18 years of age had about 22 million episodes of injury which received some medical attention. The first medical attention for 15 percent of those injuries was by telephone. However, only 5 percent of the injury episodes of children in low-income families compared with 19 percent in high-income families were first medically attended through a telephone call.

Whether those for whom the telephone was the first medical contact were later seen by a physician is not known. It seems reasonable to speculate, however, that there would be savings in time and money if telephoning a physician for advice were an option equally available to everyone. Certainly pediatricians have learned that many problems can be adequately handled via the telephone by trained aides (*161*). Children who rely on institutional settings for their care might be better served if these facilities also offered telephone consultation as a service.

PLACE OF VISIT

A special supplement to the National Health Interview Survey in 1974 provided data about the different places where people go for ambulatory medical care over the course of a year. During that year, 69 percent of the children and youths made at least one visit for medical care; 62 percent went to a private physician in their office, 5 percent to a free-standing clinic, and 21 percent to a hospital outpatient department or emergency room. (These amount to more than 69 percent because the categories are not mutually exclusive.) About half (45 percent) saw a private physician only, 7 percent received care in a hospital or free-standing clinic only, and 17 percent had ambulatory care in both private and institutional settings.

About 31 percent of all children under 18 years of age did not go to any of these three places for medical care. Not seeing a physician at all during the year was highly related to age; 16 percent of the children under 6 years of age, 36 percent of those 6–11 years of age, and 39 percent of youths 12–17 years of age had not seen a physician during the previous 12 months. Seeing a physician was also highly associated with race; 42 percent of the black children compared with 29 percent of the white children had not seen a physician for ambulatory care during the year.

To a lesser degree not seeing a physician was associated with family income (36 percent of those in families with income under $5,000 but 26 percent of those in families with incomes of $15,000 or more), residence (33 percent in central cities of standard metropolitan statistical areas (SMSA's) and 35 percent outside SMSA's but 27 percent in the suburban areas of SMSA's), and region (33 percent in the South and West but 27 percent in the Northeast) had not made a visit for medical care during the year.

Race, residence in a central city, and income were major determinants for the setting in which ambulatory care was received. Only 58 percent of the black children under 18 years of age received medical care in any of the three settings: 26 percent saw a private physician only, 18 percent received all their care in institutional settings, and 14 percent in both. In contrast, 71 percent of the white children received medical care in one of the three settings: 48 percent from a private physician only, 5 percent in institutional settings only, and 18 percent in both. Overall, 66 percent of the white children compared with 40 percent of the black children received some care in a private setting; 18 percent of the black children compared with 5 percent of the white children received all their care in an institutional setting.

Children who lived in the central city were also more likely to receive care in an institutional setting than those who lived outside the central city of a metropolitan area. In the central city, 38 percent of the children and youths saw a private physician only, 12 percent received care in institutional settings only, and 18 percent in both. In the suburban areas, 50 percent received care from a private physician only, 5 percent in institutional settings only, and 18 percent in both. Thus, 68 percent of the suburban compared with 55 percent of the central city children and youths received some care in a private setting.

Poor children were also more likely than those in families with more income to receive their medical care in institutional settings. Among children in families with incomes under $5,000, 64 percent saw a physician in one of the three settings; 30 percent received care in a private setting only, 14 percent in an institutional setting only, and 19 percent in both. Among children in families with incomes of $15,000 or more, 74 percent saw a physician during the year; 54 percent received all their care in a private setting, 3 percent in an institutional setting only, and 17 percent in both. Thirteen percent of the children and youths in the low-income families received some of their care in free-standing clinics; about 9 percent had some care in a public health clinic and 5 percent in a neighborhood health center.

Black children, children in central cities, and poor children were more likely than their counterparts to receive care in institutional settings, but the amount of such care did not compensate for the lack of care in private settings. They were still less likely to have received any medical attention during the year despite the likelihood of being in poorer health.

Use of hospitals for ambulatory care has increased greatly. In 1956, only about 6 percent of the children under 14 years of age received ambulatory care in a hospital (*162*). In 1974, 21 percent of the children under 18 years of age had made at least one visit during the year for ambulatory care at a hospital; 16 percent were seen in an emergency room and 8 percent in an outpatient department (some were seen in both departments). Even among upper income families, 18 percent of the children and youths received some care in hospital outpatient departments and emergency rooms, and 21 percent of the suburban children used hospitals for some of their ambulatory care.

Children in poor (under $5,000) families were more likely to be seen in hospital outpatient departments than those in families with incomes of $15,000 or more (14 percent vs. 6 percent), but children in higher income families were seen in emergency rooms almost as frequently as those in lower income families (15 vs. 19 percent). The same relationships hold when black children are compared with white children or children in central cities with those in suburbs. Emergency rooms are used by all when needed but outpatient departments are used by the poor, the black, and the central city child.

REGULAR SOURCES OF HEALTH CARE

Obviously, many children do not need to see a physician every year—especially older children. In other cases, no one realizes that the child needs medical care or, realizing it, does not seek care. However, for 8 percent of the children and youths in 1974, the need was recognized but there were problems obtaining care (*35*).

Problems in obtaining care were reported most frequently for the groups of children most likely to need a physician. For example, problems were reported for almost one-fifth (18 percent) of the children in fair or poor health (*35*). Difficulty in getting an appointment when needed was cited as the most common problem.

One reason for the difficulty in getting an appointment may be that there is no source of care where the child is already known. In 1974, one-tenth (6.5 million) of the children and youths did not have a usual place of care; one-sixth of the black children and the children in families with incomes under $5,000 did not have a usual place to receive care. Forty-five percent of the black children and youths and 39 percent of children and youths in families with incomes under $5,000 did not have a regular physician regardless of whether they had a usual place of care.

More recent data indicate that the proportion of children and youths without a usual source of care may have shown a small decrease, but the proportion of children and youths without a regular physician may have shown a small increase (a difference in definition and the restriction of the age to under 17 years in 1978 account for part of the observed differences). For the 45.0 million children under 17 years of age with private or military coverage in 1978, 94 percent had a usual source of care: it was a private physician's office for 84 percent; 79 percent had a regular physician. Of the 6.8 million children and youths with Medicaid coverage 92 percent had a usual source of care: however, the usual source was a physician's office for only 59 percent; only 62 percent had a regular physician. For the 6.4 million uninsured children and youths, 86 percent had a usual source of care: it was a private physician's office for 65 percent; 64 percent had a regular physician. The children covered by Medicaid and the children with no health insurance were about equally unlikely to have a regular physician—the former because of reliance on outpatient departments and clinics for their usual care and the latter because of not having a usual source of care.

Even controlling for health insurance coverage, black children and children below the poverty level were less likely to have a usual source of care or a regular physician and were more likely to rely on institutional sources for care than white children or children in families above the poverty level.

VISITS TO OFFICE-BASED PHYSICIANS

The distribution by settings is different when the number of visits made by children as opposed to the proportion of children who made at least one visit during the year is examined. Although only 69 percent of the children and youth visited a physician's office and 21 percent a hospital for ambulatory care in 1975–76, 77 percent of all visits were to physicians' offices and only 17 percent to hospitals (The remainder were to other places.) Thus children receiving care in private physicians' offices made more visits, on the average, than children receiving ambulatory care through hospitals.

Data from the National Ambulatory Medical Care Survey provide useful information on the kinds of physicians providing care and the characteristics of the visits. However, this information applies only to visits to private physicians' offices. It is important to keep in mind that private physicians provide only part of the ambulatory medical care of children and youths. Children under 6 years of age, children in upper income families, white children, and suburban children are much more likely than their counterparts to have received care from a private physician, and injuries are frequently treated in emergency rooms regardless of demographic characteristics of the injured person.

Pediatricians, general practitioners, and family practitioners provide the major part of the private care of children. In 1975–76, 40 percent of the visits children under 18 years of age made to office-based physicians were to pediatricians; 34 percent were to general practitioners and specialists in family practice.

Among children under 6 years of age, 57 percent of the visits were to pediatricians. Among elementary school children 41 percent of the visits were to pediatricians. However, with adolescence there was a definite shift away from using pediatricians. Only 23 percent of the visits of adolescents 12–15 years of age and 7 percent of the visits of those 16–17 years of age were to pediatricians. The older adolescents made about 44 percent of their visits to general or family practitioners.

Reasons for the Visits

Routine care, that is, care not involving an illness, accounted for one-quarter (25 percent) of the office visits made by children and youths in 1975–76. Respiratory conditions, the major illness for which children were taken to the physician's office, accounted for another quarter (26 percent), infectious and parasitic conditions (8 percent), skin conditions (7 percent), conditions affecting the nervous system (11 percent) and injuries (8 percent) accounted for most of the remaining visits.

The average number of visits per child and the reasons for the visit change as children move from infancy through adolescence. Babies, those not yet a year old, were taken to a physician's office 5.9 times a year on the average. Half of those visits (49 percent) were for routine care, 13 percent for treatment of an acute upper respiratory condition, 7 percent for infectious and parasitic conditions, and 6 percent for ear conditions. Injuries accounted for 2 percent of the visits.

Older preschool children were taken to a physician's office 2.4 times a year. Only a quarter (24 percent) of the visits were for routine care. Injuries accounted for 6 percent of the visits. Acute upper respiratory conditions were paramount among illnesses (21 percent), and ear conditions were also important reasons (12 percent).

From the start of elementary school at age 6 through 15, children visited a private physician on the average 1.5 times a year during 1975–76. Most of these visits were for illness or injury; routine care accounted for less than a fifth of the visits. Injuries were a major reason for taking a school-age boy to the physician. Eleven percent of the visits elementary school-age boys made to a physician's office and 16 percent of the visits boys 12–15 years of age made were for injuries.

Around 16 years of age, there is a change in reasons for seeing an office-based physician. Through all the years of childhood and early adolescence, boys make more visits to physicians than girls—mostly because they have more injuries. In later adolescence, 16–17 years of age, girls make more visits than boys. Some girls at this age are receiving prenatal care (about 11 percent of all visits by girls 16–17 years of age made to private physicians in 1975–76 were for prenatal care), and it is likely that some of the visits for examination and observation are for suspected pregnancy.

These data reflect only the visits to private physicians in office-based practice. They also reflect only the first of three diagnoses that the physician can report if there are multiple diagnoses. Thus, they may not accurately reflect the proportion of children who have specific problems.

It appears likely that psychosocial problems, for example, are underreported. Only 1 percent of the first-listed diagnoses by pediatricians in the National Ambulatory Medical Care Survey were psychosocial in contrast with 2 percent of the second-listed and 3.5 percent of the third-listed diagnoses (*163*). Goldberg *et al.* (*164*) found that 2 percent of the visits of children to office-based physicians in Monroe County, N.Y., were for mental health problems, although for another 3 percent of the children the physician reported a mental health problem when asked. In a study of seven primary care facilities, Starfield *et al.* found that the percent of visits associated with psychosocial diagnosis was consistently less than half the percent of children recorded as having these problems and that both percentages varied widely according to the kind of facility and service (*163*).

Characteristics of the Visits

Very few of the visits (15 percent) of children under 15 years of age were first-time visits and about half (51 percent) were for patients who had already been seen at least once for the current problem. The physicians' judgment for over half (57 percent) of the visits was that the problem was not serious. This is a reflection of the continuity of care for children in private care, the high proportion of visits (especially of young children) for non-illness-related care, and the greater number of visits made by young children. About a quarter (26 percent) of these visits involved injections, immunization, or desensitization and 13 percent involved medical counseling. Blood pressure was checked on only 8 percent of the visits. Even when the visit was for a medical or special examination, the child's blood pressure was checked only 15 percent of the time.

Most of the visits were short. Only 14 percent involved more than 15 minutes of contact with the physician and 57 percent lasted 10 minutes or less. In general, the visits for illness care involved less time spent with the physician than the visits for special examinations.

DENTAL CARE

The often noted differences in children's receipt of medical care and their receipt of dental care are somewhat misleading due to two factors. First, the comparisons are often made for children of all ages although very young children receive a great deal of medical attention and almost no dental attention. Almost none of the children under age 4 and only 56 percent of those 4–5 years of age in 1975–76 had ever had a dental visit, while virtually all had visited a physician. Second, the commonly quoted numbers for medical care include telephone contacts; 17 percent of all contacts for medical care of children and youths under age 18 in 1975–76 were telephone contacts. When those are excluded, there were 5.1 doctor visits per child under age 6 per year and 2.7 visits per person 6–17 years of age reported in the National Health Interview Survey. At the same time, there were 1.1 dental visits per year for children 4–5 years of age, 1.6 visits for children 6–11, and 2.3 visits for youths 6–17 years of age. Of the children and youths 4–17 years of age, 62 percent had at least one dental visit during 1975–76. School-age children 6–17 years of age were just about as likely to have visited a dentist as a physician. However, 14 percent of the children 6–11 years of age and 7 percent of the youths 12–17 years of age had never visited a dentist.

Even when the population is restricted to people 4–17 years of age to avoid the inclusion of very young children, there are populations of children and youths who are receiving little dental care. In 1975–76 less than half of the black children, children in families whose head had less than 8 years of education, and children in families with incomes under $5,000 had visited a dentist within a year, and about one-fourth of the children in each of these groups had never visited a dentist.

The differentials among socioeconomic categories are much more pronounced for dental care than for medical care. Neither private health insurance nor public programs are as likely to pay for dental care as medical care although the situation is changing. The number of people enrolled in private dental insurance plans has increased greatly from 12 million in 1970 to 35 million in 1975 to an estimated 40 million in 1978 (*156*). Changes in the guidelines in 1978 permit the immediate referral of a child to a dentist under EPSDT even when Medicaid does not cover dental care.

INPATIENT CARE IN HOSPITALS

Data from the National Hospital Discharge Survey show that children and youths use far less inpatient medical care than adults. The average child spent only 29 percent as many days in the hospital in 1975–76 as a working-age adult and 8 percent as many days as an adult 65 years of age or older (*62*).

In 1975–76, there were 352 days of short-stay hospital care per year for every 1,000 children under 18 years of age. Of these 352 days, 274 were for diseases and conditions, 65 for injuries, 14 for deliveries, and only 3 for examinations and observation without illness.

On the average, infants spend more time in the hospital than older children. Excluding the routine hospitalization at the time of birth, there were 1,266 hospital days per year for every 1,000 infants in 1975–76. The rate of utilization is high because of the long hospitalizations of infants in distress at birth. The average length of stay of infants hospitalized for perinatal morbidity resulting from maternal conditions, difficult labor, birth injuries, etc., was 14.2 days, and it is not unusual for such infants to be hospitalized for a month or more. Pneumonia, however, accounted for more hospital care for infants than any other single condition—540,000 days each year; and all respiratory conditions together accounted for 1.265 million days each year.

Among preschool children as among infants, respiratory conditions were the most common reason for the child being in the hospital; 35 percent of all the days preschool children spent in the hospital were because of a respiratory condition and about a third of those days were due to pneumonia (11 percent of the total). At this age, however, injuries were the second most common reason for the child being in the hospital, accounting for 16 percent of the days preschool children spent in hospitals. Children hospitalized for injuries stayed longer than other children—on the average 5.1 days.

Among elementary school children and young adolescents injuries were the most common reason for the child being hospitalized. About a quarter of the children in the hospital on any given day were there because of an injury (25 and 23 percent for children 6–11 and 12–15 years of age, respectively). Respiratory conditions were still a major reason for elementary school children being in the hospital (19 percent of the days) but were less important for those 12–15 years of age (10 percent).

In later adolescence, injuries and childbirth were the most common reasons for the young person being in the hospital. Injuries accounted for 22 percent and childbirth for 16 percent of the days youths 16–17 years of age spent in the hospital. On any given day, 38 percent of the boys that age who were in the hospital were there because of an injury and 27 percent of the girls were there because of childbirth (*62*).

Most hospitalization for pneumonia in children, childbirth for adolescent girls, and perinatal conditions resulting from poor intrauterine or delivery circumstances for newborns should be avoidable in this country if present knowledge and preventive care were equitably and energetically applied.

One important change in the hospitalization of children should be noted. In 1966–67, there were 15 hospitalizations for tonsillectomies for every 1,000 children under age 15. Ten years later, there were only 8 such hospitalizations (*165*).

Data from the National Health Interview Survey for the same time period reveal the differentials in hospitalization rates between children in low-income families and those in high-income families. About 7 percent of the children and youths in families with incomes under $5,000 and 5 percent of those in families with incomes of $15,000 or more had been hospitalized during the year. However, there were 610 days of hospitalization for every 1,000 children and youths in the low-income families, but only 190 days for every 1,000 children in the high-income families. The large differential is due to the average length-of-stay being longer for the poor children—8.5 days if the family income was under $5,000 in comparison to 3.9 days if the family income was $15,000 or more.

LONG-TERM INSTITUTIONAL CARE

Very few children are residents of long-term health care institutions, although the estimate of 152,000 in 1976 is almost certainly an underestimate (*127*). However, the data are included here as they do indicate the multiple needs of these children, the long stays in institutions, and the apparent lack of treatment.

The largest proportion of the children were admitted for medical reasons (38 percent) and family reasons (31 percent). Almost a third (31 percent) had been in the facility for 5 years or more; almost half (48 percent) for 3 years or more. For 80 percent no discharge was expected in the next 12 months. They were long-term residents of institutions with multiple handicaps (*127*).

According to reporting by the facilities, these young people were less likely than adults to be receiving treatment. They needed educational, social, medical, nursing, and other services; 98 percent needed at least one such service (*127*). Despite the need, 30 percent were receiving no treatment. The only conditions for which significant proportions of the children and youths were receiving treatment were mental retardation (29 percent) and mental illness (19 percent). Information on number of visits or interval since last visit by health professionals such as physicians, dentists, and nurses was not collected. Thus, although these children were in medical care facilities, little is known about whether they actually received medical care.

MENTAL HEALTH CARE

Children with psychiatric disorders receive care in specialty mental health settings such as psychiatric hospitals, general hospital psychiatric units, community mental health centers, free-standing outpatient psychiatric clinics, residential treatment centers for children, private practices, and other settings. They also receive care through a number of general health care settings, including pediatricians' office-based practices, Health Maintenance Organizations, prepaid group practices, and other organized health care settings, and through general hospital nonpsychiatric services. Outside of the health and mental health settings, care is also provided within the school system, the social service system, and the correctional system. The exact number of children receiving care in each of these sectors, the nature and type of their problems, and the types of treatment provided are not known.

Data based on national probability samples of all specialty mental health facilities in the United States indicate that care received by children and youths within the specialty mental health sector is primarily outpatient care. During 1975, there were 358,000 admissions of persons under 18 years of age to outpatient settings compared with only 83,000 to inpatient psychiatric services. There were approximately 214,000 admissions to federally funded community mental health centers that provide both inpatient and outpatient care. Therefore, in 1975, the estimated overall rate of admissions for children and youths under 18 years of age to the specialty mental health sector was 989 per 100,000 population, or about 1 percent.

The diagnostic composition of inpatient and outpatient admissions was different. Inpatient admissions reflected more heavily the "severe" mental disorders such as depressive disorders and schizophrenia. These two categories accounted for over 30 percent of the inpatient admissions but only 4 percent of the outpatient admissions. Caution should be exercised in using these data, however, because for a large number of children either no diagnosis or some general category was assigned.

Some recent studies provide estimates of children and youths with mental disorders seen in organized health care settings that are not mental health specialty facilities. A study of four organized health care settings with mental health services compared data on the extent, nature, and impact of diagnosed mental disorders among children under 18 years of age seen in the pediatrics departments during 1975 (*166*). Across settings, between 3.3 percent and 10.1 percent of the children seen were diagnosed as having a mental disorder in the study year—representing an annual treated prevalence of between 2.2 percent and 8.2 percent of the child populations registered in the health care plans. Transient situational disturbances, behavior disorders, and special symptoms were the most common disorders. The more severe disorders accounted for less than 4 percent of all diagnosed mental disorders. As has been found in studies of adults, patients with diagnosed mental disorders used nonmental services appreciably more often than did patients without such a diagnosis. However, this greater use of health services was accounted for primarily by visits to specialistis other than pediatricians.

A pilot study in Monroe County, N.Y., on the role of the pediatrician in the delivery of mental health services to children showed that 5 percent of 3,742 patients seen by nine pediatricians were reported to have an emotional, behavioral, or school problem (*164*). The recognized prevalence rate ranged from 1.4 percent to 7.8 percent for the different study pediatricians. The most frequently reported problems were adaptation reaction, specific learning disorder, hyperkinetic disorder, psychosomatic disorder, and conduct disorder. Frequency of mental health problems observed by the pediatricians was about five times the annual rate of Monroe County children contacting a psychiatric inpatient or outpatient setting. If this ratio holds for the United States, perhaps five times as many children with mental health problems are seen in pediatricians' offices as in psychiatric facilities. In a study by Starfield *et al.* (*163*) conducted in seven primary care facilities, there was great variation among facilities but in all but the hospital teaching facilities, 5–15 percent of the children seen in one year were diagnosed as having behavioral, educational, or social problems. These problems, however, engendered fewer visits for their management than might have been expected from their frequency.

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SECTION II

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TABLE 1. Children and Youths Under 18 Years of Age, According to Race, Sex, and Age: United States, July 1, 1978

Age	All Races			White			All Other					
							Total			Black		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
	Population in thousands											
Total under 18 years	63,376	32,345	31,032	52,596	26,906	25,689	10,780	5,437	5,343	9,389	4,734	4,654
Under 5 years	15,361	7,855	7,507	12,624	6,470	6,154	2,737	1,385	1,352	2,333	1,181	1,152
Under 1	3,197	1,636	1,561	2,647	1,357	1,290	550	279	271	468	237	231
1	3,153	1,612	1,541	2,586	1,325	1,261	567	287	280	481	243	238
2	2,961	1,514	1,446	2,427	1,244	1,184	534	270	264	453	229	224
3	3,038	1,553	1,484	2,496	1,279	1,217	542	274	268	464	235	229
4	3,012	1,540	1,472	2,468	1,265	1,203	544	275	269	467	237	231
5–9 years	16,885	8,617	8,268	13,951	7,139	6,811	2,935	1,478	1,457	2,539	1,278	1,260
5	3,081	1,575	1,507	2,515	1,288	1,227	566	286	280	482	243	239
6	3,285	1,674	1,612	2,694	1,376	1,318	591	297	294	506	255	252
7	3,601	1,841	1,760	2,977	1,526	1,451	624	314	309	541	273	268
8	3,479	1,775	1,705	2,902	1,484	1,418	578	291	287	504	253	251
9	3,439	1,754	1,685	2,863	1,464	1,398	576	290	286	505	254	251
10–14 years	18,577	9,473	9,105	15,473	7,910	7,563	3,104	1,562	1,542	2,743	1,380	1,363
10	3,533	1,804	1,729	2,927	1,499	1,428	606	305	301	531	267	264
11	3,496	1,782	1,714	2,915	1,490	1,425	581	292	289	510	256	254
12	3,622	1,849	1,773	3,007	1,538	1,468	615	310	305	542	273	269
13	3,842	1,954	1,888	3,207	1,635	1,572	635	319	316	565	283	281
14	4,085	2,085	2,000	3,418	1,748	1,670	667	337	330	595	301	295
15–17 years	12,553	6,400	6,152	10,548	5,387	5,161	2,004	1,012	992	1,774	895	879
15	4,136	2,111	2,024	3,468	1,773	1,695	668	338	330	592	299	293
16	4,162	2,122	2,040	3,498	1,787	1,711	664	335	329	589	297	292
17	4,255	2,167	2,088	3,582	1,827	1,755	672	339	333	593	299	294

NOTE: Data are based on decennial censuses updated by data from multiple sources.

SOURCE: U.S. Bureau of the Census: Population estimates and projections. *Current Population Reports.* Series P–25, No. 800. Washington. U.S. Government Printing Office, Apr. 1979.

TABLE 2. Children and Youths Under 18 Years of Age, According to Region and Residence by County Characteristic: United States, 1975–76 Annual Average

Residence by County Characteristic	Region				
	All Regions	Northeast	North Central	South	West
	Population in thousands				
United States	65,722	14,700	17,545	21,644	11,833
Within SMSA	47,907	12,451	12,319	13,749	9,388
Large SMSA	26,192	7,973	7,315	5,066	5,838
Core counties	17,203	4,822	4,638	2,869	4,873
Fringe counties	8,989	3,150	2,677	2,197	965
Medium SMSA	15,196	3,692	3,200	5,767	2,536
Other SMSA	6,519	786	1,803	2,916	1,014
Outside SMSA	17,815	2,249	5,226	7,895	2,445
Adjacent to SMSA	11,795	1,940	3,431	4,884	1,539
Urbanized	4,585	1,324	1,270	1,230	761
Less urbanized	2,315	231	504	1,080	500
Thinly populated	4,895	385	1,657	2,575	279
Not adjacent to SMSA	6,020	309	1,795	3,011	905
Urbanized	3,878	252	1,294	1,683	649
Less urbanized	940	36	84	673	146
Thinly populated	1,202	21	417	655	110

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SMSA is the acronym for Standard Metropolitan Statistical Area.

SOURCE: Division of Health Interview Statistics, National Center Health Statistics: Data from the Health Interview Survey.

TABLE 3. Women 15–44 Years of Age and Children and Youths Under 18 Years of Age 1960–1978, and Population Projections for 1980–2000 Under Three Fertility Assumptions, According to Age, and Child and Aged Dependency Ratios: United States, 1960–2000, Selected Years

	Year								
Age and Dependancy Ratios	**1960**	**1970**	**1976**	**1978**	**1980**	**1985**	**1990**	**1995**	**2000**
	Population in thousands				*Projected population in thousands*				
Series II (2.1 births/woman)									
Women, 15–44 years	36,145	42,607	48,136	50,061	51,878	55,085	56,440	56,237	56,428
15–19	6,640	9,500	10,442	10,362	10,141	8,857	8,231	8,284	9,658
20–24	5,566	8,519	9,749	10,150	10,398	10,192	8,920	8,294	8,360
25–29	5,512	6,902	8,941	9,058	9,492	10,331	10,123	8,870	8,257
30–34	6,079	5,864	7,196	8,016	8,687	9,703	10,540	10,326	9,069
35–39	6,403	5,677	6,099	6,675	7,164	8,788	9,790	10,627	10,411
40–44	5,946	6,145	5,709	5,800	5,996	7,214	8,836	9,836	10,673
Total under 18 years	64,525	69,664	65,198	63,378	61,983	62,293	64,775	68,394	68,979
Under 6	24,300	20,902	18,914	18,442	19,110	22,297	23,332	22,675	21,550
Under 1	4,094	3,503	3,027	3,197	3,478	3,887	3,895	3,689	3,563
1–5	20,206	17,399	15,887	15,245	15,632	18,410	19,437	18,986	17,987
6–11	21,815	24,540	21,316	20,833	20,136	19,089	22,203	23,763	23,363
12–17	18,411	24,222	24,968	24,103	22,737	20,909	19,240	21,956	24,066
Alternate projections for children and youths under 18 years									
Series I (2.7 births/woman)	---	---	---	---	63,889	68,292	75,978	84,774	88,061
Series III (1.7 births/woman)	---	---	---	---	60,555	58,293	57,528	57,763	56,904
	Number per 100 population				*Number per 100 projected population*				
Child dependency ratio[1]	64.9	62.2	51.3	48.3	45.8	43.5	43.5	44.7	43.2
Aged dependency ratio[2]	16.8	17.9	18.1	18.4	18.4	19.1	20.0	20.5	19.9

[1] Population under 18 years of age per 100 population 18–64 years of age.

[2] Population 65 years of age and over per 100 population 18–64 years of age.

NOTES: Data are based on decennial censuses and on updates and projections of decennial censuses. Dependency ratios were calculated by using figures for Series II projections.

SOURCES: U.S. Bureau of the Census: Population estimates and projections. *Current Population Reports.* Series P–25, Nos. 519, 704, 721, and 800. Washington. U.S. Government Printing Office, Apr. 1974, July 1977, Apr. 1978, Apr. 1979.

TABLE 4. Daytime Care of Children 3–13 Years of Age, According to Labor Force Status of Mother by Age of Child[1] and Marital Status of Mother: United States, October 1974 and February 1975

Labor Force Status of Mother by Age of Child and Marital Status of Mother	Population in Thousands	Total[2]	Care in Own Home				Care in Someone Else's Home		Day Care Center
			Child's Parent	Child Cares for Self	Other Relative	Non-Relative	Relative	Non-Relative	
					Percent distribution				
Labor force status of mother									
Total 3–13 years[3]	40,765	100.0	80.5	4.5	5.1	1.4	2.9	3.1	0.8
3–6 years	13,758	100.0	80.9	0.1	3.5	1.3	5.1	6.1	1.6
7–13 years	27,007	100.0	80.3	6.7	5.9	1.5	1.8	1.6	0.4
In labor force	17,555	100.0	63.6	9.2	8.7	2.7	5.5	6.8	1.6
3–6 years	5,308	100.0	58.0	0.4	6.8	2.8	11.3	14.9	3.7
7–13 years	12,247	100.0	66.1	13.1	9.5	2.6	3.0	3.2	0.7
Employed full time	10,323	100.0	50.1	12.9	12.3	3.6	7.3	9.1	2.4
3–6 years	2,917	100.0	41.4	0.7	9.0	4.0	15.2	21.0	6.0
7–13 years	7,406	100.0	53.5	17.7	13.7	3.4	4.2	4.4	1.0
Not in labor force	22,498	100.0	94.3	0.7	2.0	0.3	0.8	0.2	0.1
3–6 years	8,255	100.0	96.1	–	1.3	0.2	1.0	0.4	0.1
7–13 years	14,243	100.0	93.3	1.1	2.4	0.4	0.6	0.2	0.1
Marital status of mother									
Married, husband present	33,467	100.0	83.4	3.9	4.0	1.2	2.5	2.8	0.6
Separated, divorced, or widowed	5,960	100.0	67.7	7.4	9.6	2.2	4.2	4.6	1.7
Never married	625	100.0	69.6	3.8	11.2	1.3	7.8	2.6	1.3

[1] Data for ages 3–6 are from February 1975, and data for ages 7–13 are from October 1974.
[2] Includes the children with other types of daytime care and type of care not reported, not shown as a separate category.
[3] Includes children with no mother present, not shown as a separate category.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: U.S. Bureau of the Census: Daytime care of children: October 1974 and February 1975. *Current Population Reports.* Series P–20, No. 298. Washington. U.S. Government Printing Office, 1976.

TABLE 5. Children and Youths Under 18 Years of Age in Poverty, According to Race, Spanish Origin, and Sex of Family Head: United States, 1960–78 Selected Years

Sex of Family Head and Year	Race			Spanish Origin[2]
	All Races[1]	White	Black	
	Percent of children and youths			
Both sexes				
1960	26.5	20.0	---	---
1965	20.7	14.4	[3]50.6	---
1970	14.9	10.5	41.5	---
1975	16.8	12.5	41.4	33.1
1976	15.8	11.3	40.4	30.1
1977	16.0	11.4	41.6	28.0
1978	15.7	11.0	41.2	27.2
Male				
1960	22.3	17.0	---	---
1965	15.7	11.4	[3]39.9	---
1970	9.2	7.3	26.0	---
1975	9.8	8.2	22.1	23.8
1976	8.5	7.1	19.4	20.8
1977	8.5	7.1	19.9	17.9
1978	7.9	6.8	17.6	17.2
Female				
1960	68.4	59.9	---	---
1965	64.2	52.9	[3]76.6	---
1970	53.0	43.1	67.7	---
1975	52.7	44.2	66.0	68.4
1976	52.0	42.7	65.6	67.3
1977	50.3	40.3	65.7	68.6
1978	50.6	39.9	66.4	68.9

[1] Includes all other races not shown as a separate category.

[2] Children of Spanish origin may be of any race.

[3] Data are for 1966.

NOTES: Data are based on interviews of a sample of the civilian noninstitutionalized population. Changes in the definition of poverty level were instituted in 1966 and 1974. The overall effect of these changes was to reduce the number of children classified below the poverty level. For example, in 1966, using the old methodology, it was estimated that 18.4 percent of children under 18 years of age were living below the poverty level; the new methodology produced a figure of 17.4. In 1974, these figures were 15.5 and 15.1, respectively.

SOURCE: U.S. Bureau of the Census: Money income and poverty status of families and persons in the United States: 1978. *Current Population Reports.* Series P–60, No. 120. Washington. U.S. Government Printing Office, Nov. 1979.

TABLE 6. Selected Demographic Measures Related to Children and Youths Under 18 Years of Age, According to Race: United States, 1940–78 Selected Years

Race and Year	Population Under 18 Years of Age in Thousands	Child Dependency Ratio	Children and Youths Involved in Divorce per 1,000 Children and Youths	Children Ever Born per 1,000 Ever-Married Women 15–44 Years of Age	Percent of Women 18–24 Years of Age Who Are High School Graduates	Out of Wedlock Birth Rate per 1,000 Unmarried Women 15–44 Years of Age
Total						
1940	40,359	48.8	---	1,859	45.2	7.1
1950	47,278	51.1	6.3	1,859	54.1	14.1
1955	55,739	58.3	6.3	2,037	---	19.3
1960	64,525	64.9	7.2	2,314	62.2	21.6
1965	69,731	65.7	8.9	2,477	70.2	23.5
1970	69,694	60.6	12.5	2,357	76.0	26.4
1975	66,295	53.1	16.9	2,140	78.5	24.8
1976	65,191	51.3	17.1	2,082	79.0	24.7
1977	64,250	50.0	17.0	2,061	78.2	26.0
1978	63,376	48.5	18.1	2,040	---	26.2
White						
1940	35,459	47.5	---	---	48.9	3.6
1950	41,289	49.6	---	1,828	57.8	6.1
1955	48,479	56.5	---	---	---	7.9
1960	55,745	62.7	---	2,253	---	[2]9.2
1965	59,721	63.2	---	2,398	73.0	11.6
1970	59,192	58.1	---	2,281	78.4	13.9
1975	56,510	50.6	---	2,069	80.3	12.6
1976	54,434	48.9	---	2,017	80.6	12.7
1977	53,475	47.5	---	1,998	80.0	13.7
1978	52,596	46.1	---	1,952	---	13.9

TABLE 6. Selected Demographic Measures Related to Children and Youths Under 18 Years of Age, According to Race: United States, 1940–78 Selected Years (Cont.)

Race and Year	Population Under 18 Years of Age in Thousands	Child Dependency Ratio	Children and Youths Involved in Divorce per 1,000 Children and Youths	Children Ever Born per 1,000 Ever-Married Women 15–44 Years of Age	Percent of Women 18–24 Years of Age Who Are High School Graduates	Out of Wedlock Birth Rate per 1,000 Unmarried Women 15–44 Years of Age
All other						
1940	4,898	61.2	---	---	16.1	35.6
1950	5,989	63.9	---	2,098	26.8	71.2
1955	7,259	73.1	---	---	---	87.2
1960	8,780	82.8	---	2,788	---	98.3
1965	10,010	86.5	---	3,085	50.3	97.6
1970	10,502	79.8	---	2,908	60.5	89.9
1975	10,785	70.8	---	2,652	68.3	80.4
1976	10,757	68.7	---	2,552	69.7	78.1
1977	10,775	67.2	---	2,585	68.0	79.4
1978	10,780	65.3	---	2,691	---	78.7
Black						
1970	9,531	81.5	---	2,974	59.9	95.5
1975	9,554	72.5	---	2,774	66.6	85.6
1976	9,478	70.3	---	2,676	68.1	83.2
1977	9,432	68.6	---	2,720	67.4	84.5
1978	9,389	66.6	---	2,805	---	83.1

Race and Year	Enrolled in School				In One-Parent Families	In Families With Mothers in Labor Force	In Families Below Poverty Level	In Urban Areas
	3–4 Years	5–6 Years	7–13 Years	14–17 Years				
Total					*Percent of children and youths*			
1940	---	43.0	95.0	79.3	---	---	---	49.5
1950	---	74.4	98.7	83.4	---	---	---	57.5
1955	---	78.1	99.2	86.9	---	---	---	---
1960	---	80.7	99.5	90.3	---	---	26.5	67.2
1965	[2]12.5	84.4	99.4	93.2	---	---	20.7	---
1970	20.5	89.5	99.2	94.1	12.1	38.8	14.9	71.5
1975	31.5	94.7	99.3	93.6	17.1	44.1	16.8	---
1976	31.3	95.5	99.2	93.7	17.2	45.6	15.8	---
1977	32.0	95.8	99.4	93.7	17.8	47.7	16.0	---
1978	34.2	95.3	99.1	93.7	18.7	49.8	15.7	---
White								
1940	---	44.0	95.5	80.7	---	---	---	[4]50.9
1950	---	[3]89.0	[3]89.0	84.4	---	---	---	58.1
1955	---	79.2	99.3	87.5	---	---	---	---
1960	---	82.0	99.6	90.8	---	---	20.0	67.0
1965	[2]12.3	85.3	99.4	93.4	---	---	14.4	---
1970	19.9	90.3	99.2	94.5	8.8	37.2	10.5	70.2
1975	30.9	94.8	99.3	93.8	12.8	42.8	12.5	---
1976	30.4	95.8	99.2	93.6	13.1	44.6	11.3	---
1977	31.1	95.6	99.5	93.5	13.4	46.4	11.4	---
1978	32.7	95.4	99.2	93.5	14.1	48.4	11.0	---
All other								
1940	---	36.6	91.2	68.2	---	---	---	[4]39.1
1950	---	[3]86.8	[3]86.8	75.5	---	---	---	52.9
1955	---	71.1	98.1	82.9	---	---	---	---
1960	---	73.3	99.1	86.8	---	---	---	68.7
1965	[2]13.7	79.3	99.2	91.7	---	---	---	---
1970	23.1	85.4	99.4	92.1	30.1	49.1	---	78.9
1975	33.5	94.4	99.1	92.6	39.7	51.6	---	---
1976	34.3	94.2	99.1	94.1	38.3	51.8	---	---
1977	36.2	96.7	99.2	95.7	39.9	54.8	---	---
1978	41.3	94.5	99.0	95.1	41.6	58.1	---	---

TABLE 6. Selected Demographic Measures Related to Children and Youths Under 18 Years of Age, According to Race: United States, 1940–78 Selected Years (Cont.)

Race and Year	Enrolled in School: 3–4 Years	Enrolled in School: 5–6 Years	Enrolled in School: 7–13 Years	Enrolled in School: 14–17 Years	In One-Parent Families	In Families With Mothers In Labor Force	In Families Below Poverty Level	In Urban Areas
Black								
1970	22.7	84.9	99.3	94.8	32.0	49.9	41.5	79.8
1975	33.5	94.4	99.2	92.2	43.2	51.9	41.4	---
1976	34.5	94.0	99.0	95.3	42.0	52.7	40.4	---
1977	35.2	96.5	99.1	94.8	43.6	55.2	41.6	---
1978	41.3	93.9	99.2	94.8	45.2	58.3	41.2	---

[1] First year for which figures include Alaska and Hawaii.

[2] Data are for 1966.

[3] Data for ages 5–13.

[4] Data for ages under 20.

NOTE: Data are based on decennial censuses updated by data from multiple sources, on samples of the civilian noninstitutionalized population, and on the national vital registration system.

SOURCES: Columns 1 and 2—National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978; U.S. Bureau of the Census: Population estimates and projections. *Current Population Reports.* Series P–25, No. 800. Washington. U.S. Government Printing Office, Apr. 1979.

Column 3—National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978; Vital Statistics *Monthly Vital Statistics Report.* DHHS Pub. No. (PHS) 79–1120 and 80–1120. Public Health Service. Hyattsville, Md. May 1979 and July 1980.

Column 4—U.S. Bureau of the Census: Fertility of American women. *Current Population Reports.* Series P–20, Nos. 325, 341. Washington. U.S. Government Printing Office, Sept. 1978 and Oct. 1979.

Column 5—U.S. Bureau of the Census: *Census of Population, 1940,* U.S. Summary, Vol. IV, Characteristics by Age, Part 1. Washington. U.S. Government Printing Office, 1943; *Census of Population, 1950,* Education. Washington. U.S. Government Printing Office, 1953; *Census of Population, 1960,* Educational attainment. Washington. U.S. Government Printing Office; Educational attainment, 1963. *Current Population Reports.* Series P–20, Nos. 158, 207, 295 and 314. Washington. U.S. Government Printing Office, Dec. 1966, Nov. 1970, June 1976, and Dec. 1977.

Column 6—National Center for Health Statistics: *Vital Statistics of the U.S.* Vol. 1, Natality DHEW Pub. No. (PHS) 78–1113. Public Health Service. Washington. U.S. Government Printing Office; Final Natality Statistics, 1976; Final Natality Statistics, 1977; and Final Natality Statistics, 1978. *Monthly Vital Statistics Report.* DHHS Pub. No. (PHS) 78–1120, 79–1120, and 80–1120. Public Health Service. Hyattsville, Md. U.S. Government Printing Office, Mar. 1978, Feb. 1979, and Apr. 1980.

Columns 7–10—U.S. Bureau of the Census: School enrollment. *Current Population Reports.* Series P–20, Nos. 167, 222, 303, 319, 333 and 335. Washington. U.S. Government Printing Office, Aug. 1967, June 1971, Dec. 1976, Feb. 1978, Feb. 1979, and Apr. 1979.

Column 11—U.S. Bureau of the Census: Marital status and living arrangements. *Current Population Reports.* Series P–20, Nos. 212, 287, 306, 323, and 338. Washington. U.S. Government Printing Office, Feb. 1971, Dec. 1975, Jan. 1977, Apr. 1978, and May 1979; *Census of Population, 1960.* U.S. Summary, Detailed Characteristics DC(1) 1D. Washington. U.S. Government Printing Office, 1963.

Column 12—U.S. Department of Labor: *Monthly Labor Review.* Vol. 102, No. 4 and Vol. 102, No. 10. Washington. U.S. Government Printing Office, Apr. 1979 and Aug. 1979; Bureau of Labor Statistics: Children of working mothers. *Special Labor Force Report.* Nos. 205 and 217. Washington. U.S. Government Printing Office, June 1977 and June 1978.

Column 13—U.S. Bureau of the Census: Money income and poverty status of families and persons in the United States. *Current Population Reports.* Series P–60, No. 120; and characteristics of the population below the poverty level. Series P–60, No. 119. Washington. U.S. Government Printing Office, Nov. 1979 and Mar. 1979. Summary, General Characteristics. Washington, D.C.: U.S. Government Printing Office, 1953; *Census of Population 1970.* U.S. Summary, General Population Characteristics, PC(1)B1. Washington. U.S. Government Printing Office, 1972.

TABLE 7. Live Births, Crude Birth Rates, and Age-Specific Birth Rates, According to Race: United States, 1950–78 Selected Years

Race and Year	Number of Live Births	Crude Birth Rate[1]	Age of Mother in Years 10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49
			Live births per 1,000 women							
Total										
1950	3,632,000	24.1	1.0	81.6	196.6	166.1	103.7	52.9	15.1	1.2
1955	4,097,000	25.0	0.9	90.3	241.6	190.2	116.0	58.6	16.1	1.0
1960	4,257,850	23.7	0.8	89.1	258.1	197.4	112.7	56.2	15.5	0.9
1965	3,760,358	19.4	0.8	70.5	195.3	161.6	94.4	46.2	12.8	0.8
1970	3,731,386	18.4	1.2	68.3	167.8	145.1	73.3	31.7	8.1	0.5
1975	3,144,198	14.8	1.3	56.3	114.7	110.3	53.1	19.4	4.6	0.3
1976	3,167,788	14.8	1.2	53.5	112.1	108.8	54.5	19.0	4.3	0.2
1977	3,326,632	15.4	1.2	53.7	115.2	114.2	57.5	19.2	4.2	0.2
1978	3,333,279	15.3	1.2	52.4	112.3	112.0	59.1	18.9	3.9	0.2
White										
1950	3,108,000	23.0	0.4	70.0	190.4	165.1	102.6	51.4	14.5	1.0
1955	3,485,000	23.8	0.3	79.1	235.8	186.6	114.0	56.7	15.4	0.9
1965	3,123,860	18.3	0.3	60.6	189.0	158.4	91.6	44.0	12.0	0.7
1970	3,091,264	17.4	0.5	57.4	163.4	145.9	71.9	30.0	7.5	0.4
1975	2,551,996	13.8	0.6	46.8	109.7	110.0	52.1	18.1	4.1	0.2
1976	2,567,614	13.8	0.6	44.6	107.0	108.4	53.5	17.7	3.8	0.2
1977	2,691,070	14.4	0.6	44.6	109.8	113.8	56.3	17.8	3.8	0.2
1978	2,681,116	14.2	0.6	43.6	106.3	111.1	57.9	17.6	3.5	0.2
All other										
1950	524,000	33.3	5.1	163.5	242.6	173.8	112.6	64.3	21.2	2.6
1955	613,000	34.5	4.8	167.2	281.6	218.2	132.6	74.9	22.0	2.1
1960	657,106	32.1	4.0	158.2	294.2	214.6	135.6	74.2	22.0	1.7
1965	636,498	27.6	4.0	138.4	239.2	183.5	113.0	62.7	19.3	1.5
1970	640,122	25.1	4.8	133.4	196.8	140.1	82.5	42.2	12.6	0.9
1975	592,202	21.2	4.7	108.6	143.5	112.1	59.7	27.6	7.6	0.5
1976	600,174	21.1	4.3	102.4	141.7	111.6	60.7	27.0	7.0	0.5
1977	635,562	21.9	4.3	102.4	145.7	116.5	64.8	27.5	6.9	0.5
1978	652,163	22.1	4.1	99.1	145.7	117.3	66.7	27.0	6.5	0.4

TABLE 7. Live Births, Crude Birth Rates, and Age-Specific Birth Rates, According to Race: United States, 1950–78 Selected Years (Cont.)

Race and Year	Number of Live Births	Crude Birth Rate[1]	Age of Mother in Years: 10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49
			Live births per 1,000 women							
Black										
1950										
1955										
1960	602,264	31.9	4.3	156.1	295.4	218.6	137.1	73.9	21.9	1.1
1965	581,126	27.5	4.3	144.6	243.1	180.4	111.3	61.9	18.7	1.4
1970	572,362	25.3	5.2	147.7	202.7	136.3	79.6	41.9	12.5	1.0
1975	511,581	20.9	5.1	113.8	145.1	105.4	54.1	25.4	7.5	0.5
1976	514,479	20.8	4.7	107.0	143.4	105.5	54.7	24.6	6.8	0.5
1977	544,221	21.7	4.7	107.3	147.7	111.1	58.8	25.1	6.6	0.5
1978	551,540	21.6	4.4	103.7	147.5	110.6	59.6	24.0	6.0	0.4

[1] Live births per 1,000 population.

NOTES: Data are based on the national vital registration system, on births adjusted for underregistration in 1950 and 1955, and on registered births for all other years. Figures for 1960, 1965, and 1970 are based on a 50-percent sample of births; in 1975–77, they are based on 100 percent of births in selected States and on a 50-percent sample of births in all other States. Data for 1978 are provisional and based on 100 percent of births. Beginning in 1970 (except for 1978), births to nonresidents of the United States are excluded.

SOURCES: National Center for Health Statistics: *Health United States, 1979.* DHEW Pub. No. (PHS) 80–1232. Public Health Service. Hyattsville, Md., 1980; and Final Natality Statistics, 1978. *Monthly Vital Statistics Report*, Vol. 29, No. 1. DHEW Pub. No. (PHS) 80–1120. Public Health Service. Hyattsville, Md., Apr. 28, 1980.

TABLE 8. Live Births and Birth Rates, According to Region, Division, and State: United States, 1978

Region, Division, and State	Number of Live Births	Birth Rate per 1,000 Population
Northeast		
New England	152,869	12.5
Connecticut	37,294	12.0
Maine	15,847	14.5
Massachusetts	68,657	11.9
New Hampshire	12,429	14.3
Rhode Island	11,522	12.4
Vermont	7,120	14.6
Middle Atlantic	479,737	13.0
New Jersey	93,535	12.8
New York	233,954	13.2
Pennsylvania	152,248	12.9
North Central		
East North Central	626,788	15.2
Illinois	174,509	15.5
Indiana	83,598	15.5
Michigan	139,149	15.2
Ohio	160,863	15.0
Wisconsin	68,699	14.7
West North Central	264,854	15.5
Iowa	44,584	15.4
Kansas	36,735	15.7
Minnesota	61,993	15.5
Missouri	72,892	15.3
Nebraska	25,112	16.0
North Dakota	11,299	15.0
South Dakota	12,239	17.3
South		
South Atlantic	505,716	14.6
Delaware	8,685	14.9
District of Columbia	9,383	14.0
Florida	113,343	13.1
Georgia	84,140	16.6
Maryland	55,329	13.3
North Carolina	82,442	14.8
South Carolina	49,671	17.1
Virginia	73,443	14.2
West Virginia	29,280	15.7
East South Central	228,567	16.4
Alabama	60,227	16.2
Kentucky	57,334	16.4
Mississippi	44,399	18.4
Tennessee	66,607	15.4
West South Central	392,578	17.8
Arkansas	34,793	16.1
Louisiana	74,928	18.8
Oklahoma	45,952	16.1
Texas	236,952	18.2

TABLE 8. Live Births and Birth Rates, According to Region, Division, and State: United States, 1978 (Cont.)

Region, Division, and State	Number of Live Births	Birth Rate per 1,000 Population
West		
Mountain	202,546	19.5
Arizona	43,112	18.2
Colorado	44,107	16.3
Idaho	19,391	22.0
Montana	13,545	17.4
Nevada	10,990	16.5
New Mexico	23,932	19.7
Utah	38,808	29.5
Wyoming	8,661	20.4
Pacific	479,624	16.1
Alaska	8,861	21.6
California	356,310	16.0
Hawaii	16,753	18.6
Oregon	39,974	15.9
Washington	58,726	15.5

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: Final Natality Statistics, 1978. *Monthly Vital Statistics Report: Advance Report*, Vol. 29, No. 1. DHHS Pub. No. (PHS)80–1120. Public Health Service. Hyattsville, Md., Apr. 28, 1980.

TABLE 9. Birth Rates, According to Age of Mother and Live Birth Order: United States, 1950–78 Selected Years

		Age of Mother in Years							
Year	Total 15–44[1]	10–14	15–19	20–24	25–29	30–34	35–39	40–44	45–49
				First-order births per 1,000 women					
1950	33.3	0.9	57.7	80.2	37.1	14.5	5.7	1.2	0.1
1955	32.9	0.9	63.7	90.5	33.0	11.5	4.5	1.1	0.1
1960	31.1	0.8	61.4	87.9	26.6	8.6	3.2	0.8	0.0
1965	29.7	0.8	[illegible]	75.4	24.6	7.2	2.7	0.6	0.0
1970	34.2	1.1	[illegible]	78.2	31.2	7.3	2.1	0.4	0.0
1971	32.1	1.1	50.8	69.2	30.3	7.0	1.9	0.4	0.0
1972	29.9	1.1	49.4	61.0	29.4	7.0	1.8	0.3	0.0
1973	28.8	1.2	47.6	56.5	30.1	7.3	1.7	0.3	0.0
1974	28.9	1.2	46.0	56.5	32.0	7.8	1.8	0.3	0.0
1975	28.4	1.2	44.4	54.8	32.1	8.1	1.8	0.3	0.0
1976	27.9	1.2	42.0	53.8	32.5	8.9	1.9	0.3	0.0
1977	28.6	1.2	42.0	55.2	35.2	9.9	2.0	0.3	0.0
1978	28.3	1.1	40.9	54.3	35.9	11.1	2.2	0.3	0.0
				Third-order births per 1,000 women					
1950	18.4	0.0	3.9	30.7	35.4	23.6	10.0	1.9	0.1
1955	23.1	0.0	4.6	42.3	47.2	29.0	11.9	2.4	0.1
1960	22.8	0.0	5.0	49.9	51.0	25.3	10.0	2.1	0.1
1965	16.6	0.0	3.3	33.0	40.0	19.7	7.2	1.5	0.1
1970	13.6	0.0	2.1	21.6	35.1	17.2	5.1	0.9	0.0
1971	12.5	0.0	1.9	19.5	31.8	15.8	4.6	0.8	0.0
1972	10.7	0.0	1.7	16.0	26.0	14.2	4.1	0.7	0.0
1973	9.8	0.0	1.6	14.2	23.5	13.6	3.8	0.6	0.0
1974	9.6	0.0	1.5	13.5	22.6	13.4	3.6	0.5	0.0
1975	9.5	0.0	1.5	13.1	22.1	13.3	3.6	0.5	0.0
1976	9.6	0.0	1.4	12.9	21.8	13.8	3.7	0.5	0.0
1977	10.1	0.0	1.5	13.4	22.9	14.8	3.9	0.5	0.0
1978	10.0	0.0	1.5	13.4	22.0	15.0	4.1	0.5	0.0

[1] Rates computed by relating total live births, regardless of age of mother, to women 15–44 years of age.

NOTE: Data are based on the national vital registration system.

SOURCES: National Center for Health Statistics: *Health United States, 1978*. DHEW Pub. No. (PHS) 78–1232. Public Health Service. Hyattsville, Md., Dec. 1978; Final Natality Statistics, 1977 and 1978. *Monthly Vital Statistics Report*, Vol. 27, No. 11 and Vol. 29, No. 1. DHHS Pub. Nos. (PHS) 79–1120 and (PHS) 80–1120. Public Health Service. Hyattsville, Md., Feb. 5, 1979 and Apr. 28, 1980.

TABLE 10. Lifetime Births Expected by Married Women and Percent of Expected Births Already Born, According to Age and Race: United States, 1967–78 Selected Years

Race and Year	Total 14–39	14–17	18–19	20–21	22–24	25–29	30–34	35–39
	Age of Married Woman in Years							
Total[1]	*Lifetime births expected per 1,000 married women*							
1967	3,115	*	2,719	2,916	2,856	3,037	3,288	3,300
1971	2,776	2,491	2,256	2,373	2,404	2,619	2,989	3,257
1972	[2]2,678	---	2,229	2,210	2,282	2,452	2,915	3,218
1973	[2]2,638	---	2,264	2,274	2,254	2,386	2,804	3,233
1974	2,546	2,109	2,189	2,142	2,170	2,335	2,724	3,090
1975	2,495	1,961	2,189	2,183	2,163	2,260	2,610	3,058
1976	2,442	2,033	2,163	2,122	2,145	2,202	2,536	2,994
1977	2,424	2,257	2,174	2,1[illegible]0	2,137	2,197	2,468	2,948
1978	[3]2,273	2,157	2,085	2,108	2,210	2,215	2,424	---
White								
1967	[2]3,068	---	2,707	2,964	2,849	3,001	3,200	3,215
1971	2,732	2,417	2,264	2,368	2,367	2,577	2,936	3,189
1972	[2]2,633	---	2,240	2,188	2,268	2,420	2,842	3,155
1973	[2]2,607	---	2,254	2,282	2,255	2,352	2,761	3,180
1974	2,515	2,150	2,161	2,146	2,156	2,304	2,689	3,040
1975	2,455	1,979	2,180	2,144	2,141	2,233	2,564	2,989
1976	2,415	2,028	2,164	2,115	2,123	2,176	2,514	2,949
1977	2,393	2,257	2,192	2,142	2,127	2,183	2,424	2,876
1978	[3]2,246	2,174	2,080	2,086	2,177	2,188	2,395	---
Black								
1967	[2]3,657	---	*	2,522	2,969	3,407	4,257	4,226
1971	3,304	*	*	2,444	2,787	3,112	3,714	4,223
1972	[2]3,209	---	*	2,409	2,469	2,830	3,749	3,986
1973	[2]3,024	---	*	2,194	2,243	2,799	3,332	3,945
1974	2,913	*	2,432	2,100	2,197	2,779	3,238	3,642
1975	3,013	*	*	2,579	2,497	2,587	3,212	3,962
1976	2,794	*	*	2,228	2,413	2,508	2,923	3,579
1977	2,785	2,250	1,741	1,889	2,232	2,304	2,990	3,867
1978	[3]2,618	1,833	2,209	2,469	2,510	2,604	2,789	---
Total[1]	*Percent of expected births already born*							
1967	77.5	*	26.9	33.2	47.8	76.1	92.7	97.4
1971	76.7	16.3	25.3	32.5	46.7	74.4	93.7	98.6
1972	[2]78.0	---	27.3	32.6	48.1	73.7	94.3	98.6
1973	[2]77.5	---	26.0	32.7	46.5	73.6	93.5	98.6
1974	76.9	18.6	25.5	31.2	47.1	72.4	93.2	99.1
1975	76.5	24.7	27.5	30.7	43.9	70.9	93.0	99.0
1976	76.8	18.7	26.8	32.1	43.9	71.3	93.1	98.7
1977	76.4	30.8	24.5	34.2	41.9	67.9	92.1	98.6
1978	67.5	25.8	24.5	32.7	43.7	67.1	91.1	---

TABLE 10. Lifetime Births Expected by Married Women and Percent of Expected Births Already Born, According to Age and Race: United States, 1967–78 Selected Years (Cont.)

Race and Year	Total 14–39	14–17	18–19	20–21	22–24	25–29	30–34	35–39
	Age of Married Woman in Years							
	Percent of expected births already born							
White								
1967	[2]76.8	---	24.2	30.1	46.2	75.1	92.9	97.4
1971	76.4	15.8	23.7	31.4	45.3	74.1	93.8	98.7
1972	[2]77.4	---	25.2	30.2	47.3	73.6	94.3	98.6
1973	[2]77.0	---	24.0	30.5	44.5	73.3	93.8	99.0
1974	76.4	18.1	23.3	30.0	45.6	71.8	93.4	99.2
1975	75.9	22.9	24.9	29.4	42.3	70.5	93.2	99.0
1976	76.3	18.7	24.8	30.7	42.3	70.8	93.4	98.7
1977	75.7	29.6	23.7	33.4	40.4	67.4	92.1	98.6
1978	66.9	25.8	23.5	31.6	42.3	66.4	91.2	---
Black								
1967	[2]87.3	---	*	65.7	67.9	87.9	92.3	98.4
1971	80.2	*	*	43.0	57.5	81.0	93.4	97.8
1972	[2]83.8	---	*	52.2	58.1	75.9	94.6	99.0
1973	[2]84.0	---	*	55.5	67.0	79.0	92.7	97.8
1974	82.6	*	42.1	45.6	61.2	78.6	94.1	99.1
1975	80.0	*	*	43.3	61.0	78.2	91.8	98.8
1976	83.2	*	*	48.8	60.6	78.5	92.3	99.3
1977	84.6	*	*	47.6	62.9	74.9	93.3	99.6
1978	75.7	*	36.8	46.0	60.7	78.5	90.7	---

[1] Includes all other races not shown as a separate category.
[2] Includes all ages 18–39 years.
[3] Includes all ages 14–34 years.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCES: U.S. Bureau of the Census: Population characteristics. *Current Population Reports.* Series P–20, Nos. 254, 277, 301, 308, 325, and 341. Washington. U.S. Government Printing Office, Oct. 1973, Feb. 1975, Nov. 1976, June 1977, Sept. 1978, and Oct. 1979.

TABLE 11. Live Births, and Age-Specific Birth Rates for Women Under 25 Years of Age, According to Age of Mother and Race: United States, 1966–78

Race and Year	Total 10 – 4	10–14	15–17	18–19	20–24
	Age of Mother in Years				
			Number of live births		
Total[1]					
1966	1,927,544	8,128	186,704	434,722	1,297,990
1967	1,915,626	8,593	188,234	408,211	1,310,588
1968	1,907,688	9,504	192,970	398,342	1,306,872
1969	1,971,570	10,468	201,770	402,884	1,356,448
1970	2,075,334	11,752	223,590	421,118	1,418,874
1971	1,994,500	11,578	226,298	401,644	1,354,960
1972	1,802,545	12,082	236,641	379,639	1,174,183
1973	1,718,070	12,861	238,403	365,693	1,101,113
1974	1,716,029	12,529	234,177	361,272	1,108,051
1975	1,688,556	12,642	227,270	354,968	1,093,676
1976	1,662,274	11,928	215,493	343,251	1,091,602
1977	1,717,100	11,455	213,788	345,366	1,146,491
1978	1,693,703	10,772	202,661	340,746	1,139,524
White					
1966	1,568,898	2,666	119,800	345,312	1,101,120
1967	1,554,686	2,761	118,035	317,204	1,116,686
1968	1,542,912	3,114	121,166	305,336	1,113,296
1969	1,590,042	3,684	128,156	306,118	1,152,084
1970	1,667,808	4,320	143,646	319,962	1,199,880
1971	1,585,200	4,130	143,806	302,920	1,134,344
1972	1,408,764	4,573	150,897	283,089	970,205
1973	1,333,569	4,907	153,416	271,417	903,829
1974	1,336,658	5,053	152,257	267,895	911,453
1975	1,309,878	5,073	148,344	261,785	894,676
1976	1,286,548	5,054	139,901	253,374	888,219
1977	1,326,116	4,671	138,223	253,960	929,262
1978	1,299,344	4,512	130,957	249,103	914,772
Black					
1966	335,596	5,370	64,922	84,818	180,486
1967	337,682	5,742	68,133	86,410	177,397
1968	339,286	6,312	69,594	87,986	175,394
1969	352,928	6,650	71,020	90,918	184,340
1970	376,648	7,274	76,882	94,944	197,548
1971	376,702	7,264	79,238	92,446	197,754
1972	361,049	7,363	82,217	90,132	181,337
1973	351,290	7,778	81,158	87,615	174,739
1974	345,581	7,291	77,947	86,483	173,860
1975	344,274	7,315	74,946	86,098	175,915
1976	339,499	6,661	71,429	82,507	178,902
1977	352,952	6,582	71,182	84,008	191,180
1978	353,800	6,068	67,317	83,684	196,731
			Live births per 1,000 women		
Total[1]					
1966	—	0.8	35.7	120.3	185.6
1967	—	0.9	35.3	116.7	172.9
1968	—	1.0	35.1	113.5	166.5
1969	—	1.0	35.7	112.4	165.7
1970	—	1.2	38.8	114.7	167.8
1971	—	1.1	38.3	105.6	150.6
1972	—	1.2	39.2	97.3	131.0

TABLE 11. Live Births, and Age-Specific Birth Rates for Women Under 25 Years of Age, According to Age of Mother and Race: United States, 1966–78 (Cont.)

Race and Year	Age of Mother in Years				
	Total 10 – 4	10–14	15–17	18–19	20–24
1973	—	1.3	38.9	91.8	120.7
1974	—	1.2	37.7	89.3	119.0
1975	—	1.3	36.6	85.7	114.7
1976	—	1.2	34.6	81.3	112.1
1977	—	1.2	34.5	81.9	115.2
1978	—	1.2	32.9	81.0	112.3
White					
1966	—	0.3	26.6	108.2	180.0
1967	—	0.3	25.7	104.0	167.9
1968	—	0.4	25.6	100.5	162.1
1969	—	0.4	26.4	99.2	161.3
1970	—	0.5	29.2	101.5	163.4
1971	—	0.5	28.6	92.4	145.4
1972	—	0.5	29.4	84.5	125.6
1973	—	0.6	29.5	79.6	115.4
1974	—	0.6	29.0	77.7	114.2
1975	—	0.6	28.3	74.4	109.7
1976	—	0.6	26.7	70.7	107.0
1977	—	0.6	26.5	71.1	109.8
1978	—	0.6	25.4	70.1	106.3
Black					
1966	—	4.2	97.9	219.2	227.9
1967	—	4.4	99.5	213.4	211.9
1968	—	4.7	98.2	206.1	199.8
1969	—	4.8	96.9	202.5	198.0
1970	—	5.2	101.4	204.9	202.7
1971	—	5.1	99.7	193.8	187.3
1972	—	5.1	99.9	181.7	166.2
1973	—	5.4	96.8	169.5	154.6
1974	—	5.0	91.0	162.0	148.7
1975	—	5.1	86.6	156.0	145.1
1976	—	4.7	81.5	146.8	143.4
1977	—	4.7	81.2	147.6	147.7
1978	—	4.4	76.6	145.0	147.5

[1] Includes all other races not shown as a separate category.

[2] Base of percent includes births to all women, regardless of age.

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: *Health, United States, 1978*. DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978; Final Natality Statistics, 1977 and 1978. *Monthly Vital Statistics Report*.Vol. 27, No. 11 and Vol. 29, No. 1. DHHS Pub. Nos. (PHS) 79–1120 and (PHS) 80–1120. Public Health Service. Hyattsville, Md. Feb. 5, 1979 and Apr. 28, 1980.

TABLE 12. Cumulative Percent of Births to Women Under 25 Years of Age, According to Age of Mother and Race: United States, 1966–78

Race and Year	Age of Mother in Years			
	Under 15	Under 18	Under 20	Under 25
	Percent of total live births			
Total[1]				
1966	0.2	5.4	17.5	53.4
1967	0.2	5.6	17.2	54.4
1968	0.3	5.8	17.2	54.5
1969	0.3	5.9	17.1	54.8
1970	0.3	6.3	17.6	55.6
1971	0.3	6.7	18.0	56.1
1972	0.4	7.6	19.3	55.3
1973	0.4	8.0	19.7	54.8
1974	0.4	7.8	19.2	54.3
1975	0.4	7.6	18.9	53.7
1976	0.4	7.2	18.0	52.5
1977	0.3	6.8	17.2	51.0
1978	0.3	6.4	16.6	50.8
White				
1966	0.1	4.1	15.6	52.4
1967	0.1	4.1	15.0	53.2
1968	0.1	4.3	14.8	53.0
1969	0.1	4.4	14.6	53.1
1970	0.1	4.8	15.1	54.0
1971	0.1	5.1	15.4	54.3
1972	0.2	5.9	16.5	53.0
1973	0.2	6.2	16.8	52.3
1974	0.2	6.1	16.5	51.9
1975	0.2	6.0	16.3	51.3
1976	0.2	5.6	15.5	50.1
1977	0.2	5.3	14.8	49.3
1978	0.2	5.1	14.3	48.5
Black				
1966	1.0	12.6	27.8	60.1
1967	1.1	13.6	29.5	62.1
1968	1.2	14.3	30.9	63.9
1969	1.2	14.3	31.0	65.0
1970	1.3	14.7	31.3	65.8
1971	1.3	15.3	31.7	66.7
1972	1.4	16.9	33.8	68.0
1973	1.5	17.4	34.4	68.5
1974	1.4	16.8	33.9	68.1
1975	1.4	16.1	32.9	67.3
1976	1.3	15.2	31.2	66.0
1977	1.2	14.3	29.7	64.9
1978	1.1	13.3	28.5	64.2

[1] Includes all other races not shown as a separate category.

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: *Health, United States, 1978*. DHEW Pub. No. (PHS) 78–1232. Public Health Service. Hyattsville, Md., Dec. 1978; Final Natality Statistics, 1977 and 1978. *Monthly Vital Statistics Report*. Vol. 27, No. 11 and Vol. 29, No. 1. DHHS Pub. Nos. (PHS) 79–1120 and (PHS) 80–1120. Public Health Service. Hyattsville, Md. Feb. 5, 1979 and Apr. 28, 1980.

TABLE 13. Live Births and Birth Rates for Unmarried Women and Ratios of Births to Unmarried Women to Total Live Births, for Women Under 25 Years of Age, According to Age and Race: United States, 1966–78

Race and Year	Age of Unmarried Women in Years Total 15–24	15–17	18–19	20–24
	Number of live births to unmarried women			
Total¹				
1966	228,300	65,900	69,800	92,500
1967	246,000	70,900	73,500	101,600
1968	265,900	77,900	80,200	107,900
1969	285,100	83,300	84,900	116,900
1970	317,100	96,100	94,300	126,700
1971	319,200	100,800	93,200	125,200
1972	321,900	108,500	93,700	119,600
1973	323,900	111,300	93,500	119,100
1974	333,400	113,000	97,700	122,700
1975	356,600	116,800	105,800	134,000
1976	370,300	116,400	108,500	145,400
1977	408,300	120,900	118,700	168,600
1978	426,200	116,500	123,200	186,500
White				
1966	103,200	23,400	34,100	45,800
1967	112,900	24,800	35,500	52,500
1968	124,200	28,400	38,900	56,800
1969	131,000	30,800	39,500	60,700
1970	141,500	36,200	43,200	62,100
1971	131,400	36,200	39,900	55,300
1972	128,100	39,900	38,700	49,500
1973	129,400	42,400	38,700	48,300
1974	134,600	44,800	40,200	49,600
1975	148,400	48,900	45,000	54,500
1976	156,500	50,000	47,600	58,900
1977	176,400	53,800	53,200	69,300
1978	185,500	52,500	55,900	77,000
Black				
1966	---	---	---	---
1967	---	---	---	---
1968	---	---	---	---
1969	148,500	51,200	43,900	53,500
1970	169,700	58,400	49,500	61,800
1971	181,900	63,100	51,800	67,000
1972	186,900	66,600	53,200	67,000
1973	187,400	67,000	52,900	67,500
1974	191,000	66,100	55,200	69,700
1975	199,300	65,500	58,200	75,600
1976	205,000	64,100	58,500	82,400
1977	221,800	64,400	62,700	94,600
1978	228,700	61,200	64,000	103,500

TABLE 13. Live Births and Birth Rates for Unmarried Women and Ratios of Births to Unmarried Women to Total Live Births, for Women Under 25 Years of Age, According to Age and Race: United States, 1966–78 (Cont.)

Race and Year	Age of Unmarried Women in Years Total 15–24	15–17	18–19	20–24
	Live births to unmarried women per 1,000 unmarried women			
Total[1]				
1966	22.5	13.1	25.8	39.0
1967	23.5	13.9	27.8	38.1
1968	24.3	14.7	30.0	37.2
1969	25.1	15.2	31.5	37.3
1970	26.9	17.1	32.9	38.4
1971	26.2	17.6	31.7	35.6
1972	25.9	18.6	31.0	33.4
1973	25.5	18.9	30.6	31.8
1974	25.6	19.0	31.4	30.9
1975	26.5	19.5	32.8	31.6
1976	26.7	19.3	32.5	32.2
1977	---	20.1	35.0	34.7
1978	---	19.5	35.7	36.1
White				
1966	11.7	5.4	14.3	22.6
1967	12.5	5.6	15.4	23.0
1968	13.2	6.2	16.8	23.0
1969	13.5	6.6	17.0	23.0
1970	14.1	7.5	17.6	22.5
1971	12.7	7.4	15.9	18.8
1972	12.2	8.1	15.1	16.7
1973	12.1	8.5	15.0	15.6
1974	12.3	8.9	15.4	15.2
1975	13.2	9.7	16.6	15.7
1976	13.6	9.9	17.0	16.0
1977	---	10.7	18.8	17.7
1978	---	10.5	19.5	18.5
Black				
1966	---	---	---	---
1967	---	---	---	---
1968	---	---	---	---
1969	100.4	72.3	129.1	125.3
1970	107.2	77.9	136.4	131.5
1971	108.9	80.9	136.3	131.1
1972	106.1	82.9	129.8	122.0
1973	102.7	81.9	123.0	117.2
1974	100.5	79.4	124.9	111.2
1975	100.2	77.7	126.8	109.9
1976	97.9	74.6	121.6	109.3
1977	---	74.3	125.9	112.6
1978	---	70.3	124.3	114.2

TABLE 13. Live Births and Birth Rates for Unmarried Women and Ratios of Births to Unmarried Women to Total Live Births, for Women Under 25 Years of Age, According to Age and Race: United States, 1966–78 (Cont.)

Race and Year	Age of Unmarried Women in Years Total 15–24	15–17	18–19	20–24
	Live births to unmarried women per 1,000 total live births			
Total[1]				
1966	118.9	353.0	160.6	71.3
1967	129.0	376.7	180.1	77.5
1968	140.1	403.7	201.3	82.6
1969	145.4	412.8	210.7	86.2
1970	153.7	429.8	223.9	89.3
1971	161.0	445.4	232.0	92.4
1972	179.8	458.5	246.8	101.9
1973	189.9	466.9	255.7	108.2
1974	195.7	482.5	270.4	110.7
1975	212.8	513.9	298.1	122.5
1976	224.4	540.2	316.1	133.2
1977	239.4	565.5	343.7	147.1
1978	253.2	574.9	361.6	163.7
White				
1966	65.9	195.3	98.8	41.6
1967	72.7	210.1	111.9	47.0
1968	80.7	234.4	127.4	51.0
1969	82.6	240.3	129.0	52.7
1970	85.1	252.0	135.0	51.8
1971	83.1	251.7	131.7	48.8
1972	91.2	264.4	136.7	51.0
1973	97.4	276.4	142.6	53.4
1974	101.1	294.2	150.1	54.4
1975	113.7	329.6	171.9	60.9
1976	122.1	357.4	187.9	66.3
1977	133.5	389.2	209.5	74.6
1978	143.3	400.9	224.4	84.2
Black				
1966	---	---	---	---
1967	---	---	---	---
1968	---	---	---	---
1969	428.8	720.9	482.9	290.2
1970	459.4	759.6	521.4	312.8
1971	492.4	796.3	560.3	338.8
1972	528.4	810.1	590.2	369.5
1973	545.5	825.6	603.8	386.3
1974	564.6	848.0	638.3	400.9
1975	591.5	874.0	676.0	429.8
1976	615.9	897.4	709.0	460.6
1977	640.4	904.7	746.4	494.8
1978	657.7	909.1	764.8	526.1

[1] Includes all other races not shown as a separate category.

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: *Health, United States, 1978*. DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978; Final Natality Statistics, 1977 and 1978. *Monthly Vital Statistics Report*. Vol. 27, No. 11 and Vol. 29, No. 1. DHHS Pub. Nos. (PHS) 79–1120 and (PHS) 80–1120. Public Health Service. Hyattsville, Md., Feb. 5, 1979 and Apr. 28, 1980.

TABLE 14. Ratios of Births to Unmarried Women to Total Live Births, According to Region, Division, State, and Race: United States, 1976

Region, Division, State, and Race	Ratio per 1,000 Live Births
Northeast	
New England	
Connecticut	---
White	---
All other	---
Black	---
Maine	100.9
White	100.2
All other	149.6
Black	147.5
Massachusetts	---
White	---
All other	---
Black	---
New Hampshire	93.1
White	92.7
All other	*113.9
Black	*202.5
Rhode Island	129.0
White	103.7
All other	457.4
Black	548.3
Vermont	---
White	---
All other	---
Black	---
Middle Atlantic	
New Jersey	170.3
White	80.5
All other	517.6
Black	544.4
New York	---
White	---
All other	---
Black	---
Pennsylvania	143.5
White	74.9
All other	557.0
Black	586.1
North Central	
East North Central	
Illinois	194.6
White	79.3
All other	79.3
Black	619.0
Indiana	126.6
White	79.3
All other	518.4
Black	541.5
Michigan	151.8
White	82.4
All other	464.9
Black	489.2
Ohio	---
White	---
All other	---
Black	---
Wisconsin	109.2
White	78.6
All other	489.6
Black	573.0
West North Central	
Iowa	83.0
White	72.8
All other	390.6
Black	519.8
Kansas	98.8
White	66.9
All other	399.1
Black	491.3
Minnesota	94.8
White	79.0
All other	426.0
Black	549.4
Missouri	154.2
White	75.6
All other	564.4
Black	596.9
Nebraska	91.5
White	67.9
All other	461.4
Black	536.8
North Dakota	82.5
White	58.5
All other	348.1
Black	*72.7
South Dakota	117.5
White	69.2
All other	414.2
Black	*33.9
South	
South Atlantic	
Delaware	206.9
White	85.7
All other	593.8
Black	617.0
District of Columbia	515.9
White	155.8
All other	572.9
Black	576.0
Florida	203.5
White	77.9
All other	540.8
Black	562.0

TABLE 14. Ratios of Births to Unmarried Women to Total Live Births, According to Region, Division, State, and Race: United States, 1976 (Cont.)

Region, Division, State, and Race	Ratio per 1,000 Live Births	Region, Division, State, and Race	Ratio per 1,000 Live Births
Georgia	---	Texas	123.6
White	---	White	72.2
All other	---	All other	406.1
Black	---	Black	428.7
Maryland	---		
White	---		
All other	---		
Black	---	West	
North Carolina	162.2	Mountain	
White	47.0	Arizona	142.4
All other	410.8	White	102.2
Black	434.5	All other	365.0
South Carolina	201.2	Black	445.4
White	51.9	Colorado	100.9
All other	422.9	White	88.4
Black	430.4	All other	276.0
Virginia	153.6	Black	362.1
White	61.8	Idaho	---
All other	427.8	White	---
Black	459.8	All other	---
West Virginia	107.2	Black	---
White	91.1	Montana	---
All other	460.4	White	---
Black	505.1	All other	---
East South Central		Black	---
Alabama	195.8	Nevada	---
White	44.1	White	---
All other	471.0	All other	---
Black	475.6	Black	---
Kentucky	123.9	New Mexico	---
White	82.9	White	---
All other	514.9	All other	---
Black	541.9	Black	---
Mississippi	237.3	Utah	32.0
White	42.2	White	29.2
All other	458.9	All other	116.7
Black	463.9	Black	245.2
Tennessee	165.2	Wyoming	71.2
White	61.3	White	63.8
All other	532.8	All other	219.7
Black	546.6	Black	315.8
West South Central		Pacific	
Arkansas	174.0	Alaska	106.5
White	59.5	White	55.8
All other	499.3	All other	244.2
Black	510.6	Black	178.3
Louisiana	215.1	California	---
White	58.9	White	---
All other	449.1	All other	---
Black	457.9	Black	---
Oklahoma	118.6	Hawaii	96.0
White	66.6	White	87.9
All other	335.9	All other	98.9
Black	483.5	Black	71.4

TABLE 14. Ratios of Births to Unmarried Women to Total Live Births, According to Region, Division, State, and Race: United States, 1976 (Cont.)

Region, Division, State, and Race	Ratio per 1,000 Live Births	Region, Division, State, and Race	Ratio per 1,000 Live Births
Oregon	110.0	Washington	102.9
White	100.5	White	87.7
All other	276.7	All other	248.0
Black	478.7	Black	393.6

NOTES: Data are based on the national vital registration system. Ratios are out-of-wedlock live births per 1,000 total live births in specified group; refer only to out-of-wedlock births occurring within the reporting area to residents of the area.

SOURCE: National Center for Health Statistics: Trends and differentials in births to unmarried women: United States, 1970–1976, by S. J. Ventura. *Vital and Health Statistics*. Series 21, No. 36. DHHS Pub. No. (PHS) 80–1914. Public Health Service. Washington. U.S. Government Printing Office, May 1980.

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TABLE 15. Contraceptive Status of Currently Married Women 15–44 Years of Age, According to Race and Hispanic Origin: United States, 1973 and 1976

Contraceptive Status	1973[1] All Races[2]	1973[1] White	1973[1] Black	1973[1] Hispanic Origin	1976 All Races[2]	1976 White	1976 Black	1976 Hispanic Origin[3]
	Percent distributions							
All statuses	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sterile couples								
All sterile couples	23.8	24.0	22.7	21.6	30.2	31.0	24.3	20.5
Nonsurgical	0.9	0.8	1.9	*0.7	1.9	1.9	2.6	1.5
Surgical	22.9	23.1	20.8	20.9	28.3	29.1	21.7	19.0
Noncontraceptive	6.5	6.6	6.2	5.2	9.0	9.0	8.8	7.8
Female	6.3	6.3	6.1	5.2	8.2	8.2	8.7	7.0
Male	0.2	0.3	0.0	–	0.8	0.8	0.0	*0.9
Contraceptive	16.4	16.5	14.6	15.7	19.3	20.1	12.9	11.2
Female	8.6	8.2	13.6	10.7	9.6	9.6	11.0	7.0
Male	7.8	8.4	1.0	5.0	9.7	10.5	1.9	4.2
Fecund couples								
Noncontraceptors								
Pregnant, post partum, seeking pregnancy	14.2	14.2	14.0	18.9	13.4	12.8	16.6	20.8
Other nonusers	8.7	7.8	17.9	9.7	7.7	7.2	13.5	10.5
Contraceptors								
All methods	53.2	54.0	45.3	49.8	48.6	49.0	45.4	48.1
Oral contraceptive pill	25.1	25.1	26.3	22.9	22.3	22.5	22.0	20.7
Intrauterine device	6.7	6.6	7.6	8.7	6.1	6.1	6.1	10.4
Diaphragm	2.4	2.5	1.2	*1.8	2.9	3.0	1.8	2.4
Condom	9.4	9.9	3.2	7.0	7.2	7.4	4.5	6.1
Foam	3.5	3.5	3.0	*1.8	3.0	2.9	3.8	3.5
Rhythm	2.8	2.9	0.7	2.1	3.4	3.5	1.4	3.1
Withdrawal	1.5	1.6	0.4	2.2	2.0	2.0	1.8	*1.1
Douche	0.6	0.5	1.8	*0.6	0.7	0.5	2.7	*0.1
Other	1.3	1.3	1.0	2.7	0.9	0.9	1.2	*0.5

[1] In 1973, contraceptive status was imputed for those women for whom it was not ascertained during the interview.
[2] Includes all other races not shown as a separate category.
[3] Women of Hispanic origin are included in the figures for black and white women if they were identified as such by the interviewer.

NOTE: Data are based on household interviews of a sample of ever-married, civilian, noninstitutionalized women.

SOURCE: National Center for Health Statistics: Contraceptive utilization in the United States: 1973 and 1976, by K. Ford. *Advance Data From Vital and Health Statistics.* No. 36. DHEW Pub. No. (PHS) 78–1750. Public Health Service. Hyattsville, Md., Aug. 1978.

TABLE 16. Legal Abortions, According to Selected Characteristics of the Patient and of the Procedure: United States, 1972–77

Characteristic	1972	1973	1974	1975	1976	1977
	Number of legal abortions reported					
Center for Disease Control	586,760	615,831	763,476	854,853	988,267	1,079,430
Alan Guttmacher Institute	---	744,600	898,600	1,034,200	1,179,300	1,320,000
	Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Age						
Under 20 years	32.6	32.7	32.7	33.1	32.1	30.8
20–24 years	32.5	32.0	31.8	31.9	33.3	34.5
25 years and over	34.9	35.3	35.6	35.0	34.6	34.7
Color						
White	77.0	72.5	69.7	67.8	66.6	66.4
All other	23.0	27.5	30.3	32.2	33.4	33.6
Marital status						
Married	29.7	27.4	27.4	26.1	24.6	24.3
Unmarried	70.3	72.6	72.6	73.9	75.4	75.7
Number of living children						
0	49.4	48.6	47.8	47.1	47.7	53.4
1	18.2	18.8	19.6	20.2	20.7	19.1
2	13.3	14.2	14.8	15.5	15.4	14.4
3	8.7	8.7	8.7	8.7	8.3	7.0
4	5.0	4.8	4.5	4.4	4.1	3.3
5 or more	5.4	4.9	4.5	4.2	3.8	2.9
Location of abortion facility						
In State of residence	56.2	74.8	86.6	89.2	90.0	90.0
Out of State of residence	43.8	25.2	13.4	10.8	10.0	10.0
Procedure						
Curretage	88.6	88.4	89.7	90.9	92.8	93.8
Intrauterine instillation	10.4	10.4	7.8	6.2	6.0	5.4
Hysterotomy or hysterectomy	0.6	0.7	0.6	0.4	0.2	0.2
Other	0.5	0.6	1.9	2.4	0.9	0.7
Period of gestation						
Under 9 weeks	34.0	36.1	42.6	44.6	47.0	51.2
9–10 weeks	30.7	29.4	28.7	28.4	28.0	27.2
11–12 weeks	17.5	17.9	15.4	14.9	14.4	13.1
13–15 weeks	8.4	6.9	5.5	5.0	4.5	3.4
16–20 weeks	8.2	8.0	6.5	6.1	5.1	4.3
21 weeks and over	1.3	1.7	1.2	1.0	0.9	0.9

NOTES: Data are based on reporting by State health departments and by facilities. Percent distributions exclude cases for which selected characteristic was unknown and are based on abortions reported to the Center for Disease Control.

SOURCE: National Center for Health Statistics: *Health, United States, 1979*. DHEW Pub. No. (PHS) 80–1232. Public Health Service. Hyattsville, Md., 1980.

TABLE 17. Infant, Late Fetal, and Perinatal Mortality Rates and Late Fetal and Perinatal Deaths, According to Race: United States, 1940–78 Selected Years

	Infant Mortality Rate[1]				Late Fetal Mortality		Perinatal Mortality	
		Neonatal						
Race and Year	Total	Total	Under 7 Days	Post-neonatal	Number of Deaths	Rate[1]	Number of Deaths	Rate[1]
Total								
1940	47.0	28.8	---	---	---	---	---	---
1950	29.2	20.5	17.8	8.7	53,806	14.9	117,223	32.5
1955	26.4	19.1	17.0	7.3	52,940	12.9	121,594	29.7
1960	26.0	18.7	16.7	7.3	51,984	12.1	123,109	28.6
1965	24.7	17.7	15.9	7.0	45,476	11.9	105,154	27.6
1970	20.0	15.1	13.6	4.9	35,791	9.5	86,612	23.0
1975	16.1	11.6	10.0	4.5	24,801	7.8	56,197	17.7
1976	15.2	10.9	9.3	4.3	23,911	7.5	53,408	16.7
1977	14.1	9.9	8.4	4.2	---	7.1	---	15.4
1978	13.8	9.5	8.0	4.3	23,654	---	51,493	---
1979	13.0	8.7	---	4.2	---	---	---	---
White								
1940	43.2	27.2	---	---	---	---	---	---
1950	26.8	19.4	17.1	7.4	41,337	13.3	93,592	30.1
1955	23.6	17.7	15.9	5.9	40,630	11.6	95,770	27.3
1960	22.9	17.2	15.6	5.7	39,165	10.8	95,262	26.2
1965	21.5	16.1	14.6	5.4	33,234	10.5	78,840	25.0
1970	17.8	13.8	12.5	4.0	26,782	8.6	65,370	21.1
1975	14.2	10.4	9.0	3.8	18,340	7.1	41,220	16.0
1976	13.3	9.7	8.2	3.6	17,822	6.9	38,969	15.1
1977	12.3	8.7	7.4	3.6	---	6.5	---	13.9
1978	12.0	8.4	7.0	3.6	17,548	---	37,586	---
All other								
1940	73.8	39.7	---	---	---	---	---	---
1950	44.5	27.5	22.8	16.9	12,472	24.8	23,634	47.0
1955	42.8	27.2	22.9	15.6	12,323	20.5	25,837	43.0
1960	43.2	26.9	22.9	16.4	12,838	19.2	27,868	41.6
1965	40.3	25.4	22.1	14.9	12,222	18.8	26,294	40.5
1970	30.9	21.4	19.1	9.5	8,993	13.9	21,226	32.7
1975	24.2	16.8	14.4	7.5	6,467	10.8	14,983	25.0
1976	23.5	16.3	13.9	7.2	6,099	10.1	14,449	23.8
1977	21.7	14.7	12.3	7.0	---	9.5	---	21.7
1978	21.1	14.0	11.9	7.0	6,120	---	13,921	---
Black								
1940	---	---	---	---	---	---	---	---
1950	43.9	27.8	23.0	16.1	---	---	---	---
1955	43.1	27.8	23.5	15.3	---	---	---	---
1960	44.3	27.8	23.7	16.5	---	---	---	---
1965	41.7	26.5	23.1	15.2	---	---	---	---
1970	32.6	22.8	20.3	9.9	---	---	---	---
1975	26.2	18.3	15.7	7.9	---	---	---	---
1976	25.5	17.9	15.3	7.6	---	---	---	---
1977	23.6	16.1	13.5	7.6	---	---	---	---
1978	23.1	15.5	13.2	7.6	---	---	---	---

[1] Deaths per 1,000 live births.

NOTE: Data are based on the national vital registration system.

SOURCES: *Health United States, 1978,* for data years 1950–76, DHEW Pub. No. (PHS) 78–1232. Public Health Service. Hyattsville, Md., Dec. 1978; *Vital Statistics of the United States*, Vol. II, for data years 1977–79. Public Health Service. Hyattsville, Md. To be published.

TABLE 18. Perinatal Death Rates, According to Birth Weight and Age at Death: Hawaii, Oklahoma, Rhode Island, Utah, Vermont, and Washington, 1973

Age at Death	Birth Weight in Grams									
	All Birth Weights[1]	Less Than 1,000	1,000–1,499	1,500–1,999	2,000–2,499	2,500–2,999	3,000–3,499	3,500–3,999	4,000–4,499	4,500 or More
					Number					
All perinatal deaths	2,152	459	278	244	241	226	196	126	56	14
				Deaths per 100,000 births in birth weight category						
Age at death										
All ages	1,487	80,245	39,943	15,865	4,109	915	348	310	417	5,385
Late fetal deaths	666	14,510	12,500	7,282	1,671	462	190	174	245	3,462
Under 24 hours[2]	301	30,679	11,207	2,731	887	134	41	27	60	1,538
Under 1 hour	57	6,993	1,149	260	68	12	14	10	7	0
1–11 hours	123	14,685	4,454	650	324	24	14	12	0	0
12–23 hours	25	1,049	1,006	325	119	12	0	5	0	385
24–47 hours	113	4,196	3,879	1,625	529	73	34	22	45	0
48–71 hours	96	4,021	3,448	1,560	153	109	21	20	30	0
72–95 hours	50	2,098	1,437	650	119	53	18	12	7	0
96–119 hours	28	1,224	144	455	85	16	7	15	15	0
120–143 hours	17	524	287	130	102	16	7	5	7	0
144–167 hours	10	175	431	195	51	4	2	7	0	0

[1] Includes only those deaths for which no detailed ages were available.

[2] Includes unknown birth weights not shown as a separate category.

NOTE: Data are based on the national vital registration system.

SOURCE: World Health Organization: *A WHO Report on Social and Biological Effects on Perinatal Mortality.* Vol. 2. Budapest, Hungary. Statistical Publishing House, 1978.

TABLE 19. Total, Infant, and Neonatal Deaths and Rates, According to Color, Sex, Region, Division, and State: United States, 1978

Color, Sex, Region Division, and State	Total Deaths		Infant Deaths (under 1 year)		Neonatal Deaths (under 28 days)	
	Number	Rate[1]	Number	Rate[2]	Number	Rate[2]
United States	1,927,788	8.8	45,945	13.8	31,618	9.5
Male	1,055,290	9.9	26,088	15.3	18,014	10.5
Female	872,498	7.8	19,857	12.2	13,604	8.4
White	1,689,722	9.0	32,213	12.0	22,482	8.4
Male	920,123	10.0	18,423	13.4	12,867	9.3
Female	769,599	8.0	13,789	10.6	9,615	7.4
All other	238,066	8.1	13,733	21.1	9,136	14.0
Male	135,167	9.6	7,665	23.1	5,147	15.5
Female	102,899	6.6	6,068	18.9	3,989	12.4
Northeast	463,263	9.4	8,314	13.1	6,115	9.7
New England	109,624	8.9	1,741	11.4	1,290	8.4
Connecticut	26,078	8.4	433	11.6	348	9.3
Maine	10,179	9.3	165	10.4	97	6.1
Massachusetts	52,660	9.1	760	11.1	558	8.1
New Hampshire	7,408	8.5	129	10.4	100	8.0
Rhode Island	8,873	9.5	157	13.6	122	10.6
Vermont	4,426	9.1	97	13.6	65	9.1
Middle Atlantic	353,639	9.6	6,573	13.7	4,825	10.1
New Jersey	65,993	9.0	1,216	13.0	873	9.3
New York	167,572	9.4	3,268	14.0	2,355	10.1
Pennsylvania	120,074	10.2	2,089	13.7	1,597	10.5
North Central	520,734	8.9	12,161	13.6	8,380	9.4
East North Central	362,435	8.8	8,676	13.8	5,916	9.4
Illinois	103,026	9.2	2,744	15.7	1,909	10.9
Indiana	47,548	8.8	1,094	13.1	722	8.6
Michigan	74,968	8.2	1,923	13.8	1,275	9.2
Ohio	96,569	9.0	2,147	13.3	1,486	9.2
Wisconsin	40,324	8.6	768	11.2	524	7.6
West North Central	158,229	9.3	3,485	13.2	2,464	9.3
Iowa	27,450	9.4	562	12.6	397	8.9
Kansas	21,665	9.2	458	12.5	318	8.7
Minnesota	33,316	8.3	741	12.0	513	8.3
Missouri	49,442	10.2	1,080	14.8	765	10.8
Nebraska	14,443	9.2	327	13.0	228	9.1
North Dakota	5,491	8.4	152	13.5	108	9.6
South Dakota	6,492	9.4	165	13.5	115	9.4
South	635,104	9.0	17,235	15.3	11,777	10.5
South Atlantic	315,892	9.1	7,822	15.5	5,374	10.6
Delaware	4,957	8.5	115	13.2	83	9.6
District of Columbia	7,065	10.5	256	27.3	190	20.2
Florida	95,596	11.0	1,598	14.1	1,054	9.3
Georgia	43,298	8.5	1,297	15.4	869	10.3
Maryland	33,130	8.0	814	14.7	613	11.1
North Carolina	47,322	8.5	1,367	16.6	938	11.4
South Carolina	24,112	8.3	922	18.6	616	12.4
Virginia	40,767	7.9	1,010	13.8	710	9.7
West Virginia	19,646	10.6	443	15.1	301	10.3
East South Central	130,196	9.3	3,514	15.4	2,396	10.5
Alabama	34,680	9.3	969	16.1	660	11.0
Kentucky	33,421	9.6	729	12.7	494	8.6
Mississippi	23,350	9.7	829	18.7	546	12.3
Tennessee	38,745	8.9	987	14.8	696	10.5

TABLE 19. Total, Infant, and Neonatal Deaths and Rates, According to Color, Sex, Region, Division, and State: United States, 1978 (Cont.)

Color, Sex, Region Division, and State	Total Deaths		Infant Deaths (under 1 year)		Neonatal Deaths (under 28 days)	
	Number	Rate[1]	Number	Rate[2]	Number	Rate[2]
West South Central	188,926	8.6	5,899	15.0	4,005	10.2
Arkansas	21,896	10.1	569	16.4	364	10.5
Louisiana	35,242	8.9	1,295	17.3	898	12.0
Oklahoma	27,943	9.8	655	14.3	413	9.0
Texas	103,845	8.0	3,380	14.3	2,330	9.8
West	308,777	7.7	8,235	12.1	5,346	7.8
Mountain	75,070	7.2	2,473	12.2	1,618	8.0
Arizona	19,198	8.1	564	13.1	390	9.0
Colorado	18,361	6.8	494	11.2	306	6.9
Idaho	6,507	7.4	227	11.7	142	7.3
Montana	6,488	8.3	157	11.6	99	7.3
Nevada	5,065	7.6	137	12.5	94	8.6
New Mexico	8,456	7.0	338	14.1	216	9.0
Utah	7,892	6.0	443	11.4	301	7.8
Wyoming	3,112	7.3	113	13.0	70	8.1
Pacific	233,707	7.8	5,762	12.0	3,728	7.8
Alaska	1,690	4.1	128	14.4	83	9.4
California	176,069	7.9	4,210	11.8	2,756	7.7
Hawaii	4,563	5.1	186	11.1	128	7.6
Oregon	20,895	8.5	501	12.9	299	7.7
Washington	30,490	8.0	737	12.5	462	7.9

[1] Deaths per 1,000 population in specified group.

[2] Deaths per 1,000 live births.

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: Final Mortality Statistics, 1978. *Monthly Vital Statistics Report*. Vol. 29, No. 6. DHEW Pub. No. (PHS) 80–1120. Public Health Service. Hyattsville, Md., Sept. 1979. Color, Sex, Region, Division, and State: United States, 1978 (Cont.)

TABLE 20. Death Rates for Selected Causes for Children 1–4 Years of Age, According to Color: United States, 1925–78 Selected Years

Color and Cause of Death[1]	1925	1930	1935	1940	1945	1950[2]	1955	1960	1965	1970	1975	1976	1977	1978
	Deaths per 100,000 resident population													
Total														
All causes[3]	641.0	563.6	440.9	289.6	203.0	139.4	113.4	109.1	92.9	84.5	70.8	69.9	68.8	69.2
Diseases and conditions														
Congenital anomalies	8.6	9.0	8.3	10.3	11.6	11.1	12.1	12.9	10.2	9.7	8.9	9.0	8.8	8.4
Malignant neoplasms	6.0	6.9	7.5	9.5	10.3	11.7	11.1	10.9	8.6	7.5	5.6	5.3	5.2	4.9
Leukemia	2.6	2.8	3.5	4.7	5.1	5.9	5.4	5.5	4.2	3.6	2.4	2.0	1.8	1.8
Of brain and other parts of nervous system	---	---	---	1.4	1.5	2.1	2.1	2.2	2.1	2.1	1.9	2.0	2.0	1.8
Diseases of heart	9.3	6.9	5.7	3.6	2.9	1.3	1.3	1.3	1.3	1.7	1.8	1.8	1.9	2.3
Accidents and violence														
Motor vehicle accidents[4]	12.0	14.5	13.7	12.4	11.2	11.5	10.5	10.0	10.5	11.5	10.3	10.5	10.1	10.6
All other accidents[4]	58.4	46.7	43.0	36.3	35.5	25.3	22.0	21.6	21.3	20.0	17.9	17.4	17.2	18.2
Homicide	0.6	0.9	0.5	0.6	0.7	0.6	0.5	0.7	1.1	1.9	2.5	2.5	2.7	2.6
White														
All causes[3]	592.2	516.7	409.2	261.6	185.8	124.1	100.1	95.2	81.4	75.1	64.4	64.1	62.5	62.7
Diseases and conditions														
Congenital anomalies	8.5	9.2	8.4	10.7	11.8	11.2	11.9	12.4	9.8	9.3	8.8	8.8	8.6	8.4
Malignant neoplasms	6.3	7.2	7.9	10.1	11.0	12.2	11.8	11.4	9.3	7.7	5.7	5.6	5.4	5.2
Leukemia	2.8	3.0	3.8	5.1	5.6	6.4	5.9	6.0	4.6	3.8	2.5	2.1	1.9	2.0
Of brain and other parts of nervous system	---	---	---	1.5	1.6	2.1	2.2	2.3	2.3	2.2	2.0	2.2	2.0	1.9
Diseases of heart	9.2	6.6	5.5	3.5	2.7	1.1	1.0	0.9	1.0	1.3	1.5	1.6	1.6	1.9
Accidents and violence														
Motor vehicle accidents[4]	12.6	15.2	14.1	12.9	11.6	11.7	10.2	9.8	9.9	10.9	9.6	9.9	9.6	9.9
All other accidents[4]	54.8	43.7	41.1	34.4	33.0	21.7	18.1	17.7	18.0	17.6	16.2	16.0	15.6	16.3
Homicide	0.6	0.8	0.5	0.6	0.7	0.5	0.4	0.6	0.9	1.3	1.6	1.6	1.8	1.6

TABLE 20. Death Rates for Selected Causes for Children 1–4 Years of Age, According to Color: United States, 1925–78 Selected Years (Cont.)

Color and Cause of Death[1]	1925	1930	1935	1940	1945	1950[2]	1955	1960	1965	1970	1975	1976	1977	1978
	Deaths per 100,000 resident population													
All other														
All causes[3]	1103.2	932.3	670.3	484.6	326.9	250.8	196.9	190.6	153.6	134.1	101.0	96.9	97.6	99.0
Diseases and conditions														
Congenital anomalies	9.6	7.3	7.4	7.8	10.1	10.3	13.5	15.6	12.1	11.9	9.5	10.1	10.0	8.5
Malignant neoplasms	3.8	3.8	4.0	4.7	5.6	7.7	6.5	7.6	5.0	6.3	4.9	4.1	4.5	3.8
Leukemia	0.7	1.0	1.3	2.0	1.9	2.4	2.2	2.5	2.1	2.0	1.8	1.6	1.4	1.3
Of brain and other parts of nervous system	---	---	---	0.7	0.8	1.8	1.3	1.7	1.2	1.7	1.3	1.4	1.8	[illegible]
Diseases of heart	10.6	9.8	7.1	4.7	4.1	2.5	3.3	3.3	2.7	3.8	3.0	2.8	3.3	4.3
Accidents and violence														
Motor vehicle accidents[4]	7.2	9.2	10.5	8.6	8.8	10.6	12.3	11.2	13.1	14.7	13.8	13.1	12.3	13.8
All other accidents[4]	93.0	69.9	56.8	49.8	53.6	51.1	47.6	44.5	38.9	32.5	26.0	24.0	24.5	26.9
Homicide	1.0	1.1	0.4	0.7	0.7	1.2	1.2	1.7	2.4	5.2	6.8	6.4	7.2	7.1

---

[1] Because of decennial revisions of the International List of Causes of Death and changes in rules of cause-of-death selection, there is lack of comparability to a varying degree for some causes from one revision to the next. The beginning dates of the revision are 1921, 1930, 1939, 1949, 1958, and 1968. In some instances, data are omitted for earlier years because appropriate subcategories are not available by age of the decedent. Except for diseases that are epidemic in nature, abrupt changes at the beginning of the revision period are indicative of breaks in comparability. The cause-of-death titles are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* and in some instances have been considerably shortened.

[2] Population adjusted for age bias in races other than white.

[3] Includes other causes not shown as a seperate category.

[4] The "motor vehicle accident" rate can be added to the "other accident" rate to provide the single category "all accidents."

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: *Health United States, 1976–77*, for data years 1925–75. DHEW Pub. No. (HRA) 77–1232. Health Resources Administration. Hyattsville, Md. 1977; *Vital Statistics of the United States*, Vol. II, for data years 1976–78. Public Health Service, Hyattsville, Md. To be published.

TABLE 21. Death Rates for Selected Causes for Children and Youths 5–14 Years of Age, According to Color: United States, 1925–78 Selected Years

Color and Cause of Death[1]	1925	1930	1935	1940	1945	1950[5]	1955	1960	1965	1970	1975	1976	1977	1978
	Deaths per 100,000 resident population													
Total														
All causes[3]	196.6	171.7	152.9	103.7	90.2	60.1	48.8	46.6	42.2	41.3	35.7	34.7	34.6	33.9
Diseases and conditions														
Malignant neoplasms	2.8	3.7	4.1	5.0	5.3	6.7	7.0	6.8	6.5	6.0	4.8	5.0	4.8	4.2
Leukemia	1.2	1.7	2.0	2.0	2.2	2.8	3.0	3.2	2.9	2.7	2.1	2.3	2.2	2.0
Of brain and other parts of nervous system	---	---	---	0.9	0.9	1.5	1.6	1.5	1.4	1.3	1.3	1.5	1.2	1.0
Congenital anomalies	1.4	1.4	1.8	2.1	2.3	2.4	2.7	3.6	2.8	2.2	2.0	2.0	1.9	1.8
Diseases of heart	16.5	12.1	10.1	8.0	5.9	2.1	0.8	1.3	0.9	0.8	0.9	0.9	0.9	1.0
Accidents and violence														
Motor vehicle accidents[4]	15.0	14.7	12.3	11.5	11.0	8.8	8.0	7.9	8.9	10.2	8.7	8.5	8.6	8.8
All other accidents[4]	26.9	21.4	19.9	17.1	20.5	13.8	12.2	11.3	9.8	9.9	9.4	8.4	8.7	8.4
Suicide	0.2	0.2	0.2	0.2	0.2	0.2	0.1	0.3	0.3	0.3	0.5	0.4	0.5	0.4
Homicide	0.6	0.9	0.8	0.6	0.6	0.5	0.4	0.5	0.6	0.9	1.0	1.1	1.2	1.3
White														
All causes[3]	[6]185.3	160.7	145.3	96.6	85.6	56.4	46.4	43.9	39.6	39.1	33.9	33.2	33.1	32.2
Diseases and conditions														
Malignant neoplasms	3.0	3.9	4.3	5.3	5.7	7.0	7.3	7.1	6.8	6.2	4.9	5.1	4.9	4.2
Leukemia	1.3	1.8	2.1	2.2	2.4	3.0	3.2	3.5	3.1	2.9	2.3	2.5	2.3	2.0
Of brain and other parts of nervous system	---	---	---	1.0	1.0	1.5	1.7	1.6	1.5	1.4	1.3	1.3	1.2	1.0
Congenital anomalies	1.4	1.4	1.9	2.2	2.4	2.4	2.8	3.7	2.8	2.2	2.0	2.0	1.8	1.8
Diseases of heart	16.7	12.0	9.9	7.5	5.4	1.8	0.7	1.0	0.7	0.7	0.8	0.8	0.8	0.9
Accidents and violence														
Motor vehicle accidents[4]	15.6	15.2	12.8	11.8	11.5	8.9	8.0	7.9	8.8	9.8	8.5	8.5	8.5	8.9
All other accidents[4]	25.7	20.3	18.7	16.2	19.7	12.6	11.1	9.9	8.6	9.0	8.5	7.7	7.9	7.7
Suicide	0.2	0.2	0.2	0.2	0.3	0.2	0.1	0.3	0.3	0.3	0.5	0.5	0.6	0.5
Homicide	0.5	0.7	0.5	0.5	0.5	0.4	0.4	0.4	0.5	0.5	0.8	0.8	0.9	0.9

TABLE 21. Death Rates for Selected Causes for Children and Youths 5–14 Years of Age, According to Color: United States, 1925–78 Selected Years (Cont.)

Color and Cause of Death[1]	1925	1930	1935	1940	1945	1950[2]	1955	1960	1965	1970	1975	1976	1977	1978
	Deaths per 100,000 resident population													
All other														
All causes[3]	301.6	260.9	210.9	154.0	121.0	86.0	66.0	64.3	58.0	53.7	45.4	42.2	42.0	41.9
Diseases and conditions														
Malignant neoplasms	2.0	2.1	2.6	2.4	2.5	4.9	5.0	4.8	4.7	4.5	4.4	4.3	4.3	4.1
Leukemia	0.7	0.6	1.0	0.7	1.1	1.6	1.6	1.8	1.6	1.6	1.6	1.6	1.6	1.7
Of brain and other parts of nervous system	---	---	---	0.4	0.1	1.3	0.9	1.3	1.2	1.2	1.2	1.3	1.1	0.9
Congenital anomalies	1.6	1.0	1.4	1.6	1.9	2.2	1.8	3.2	2.9	2.1	1.9	2.1	2.0	2.2
Diseases of heart	14.7	12.2	11.5	11.5	9.1	3.9	1.6	3.0	2.0	1.5	1.4	1.4	1.3	1.6
Accidents and violence														
Motor vehicle accidents[4]	8.9	10.1	8.3	9.8	8.0	8.6	7.9	8.3	9.8	12.4	9.8	8.8	9.2	8.4
All other accidents[4]	38.4	30.3	28.6	24.1	25.8	22.5	20.1	20.9	16.9	14.9	13.7	11.9	12.4	12.0
Suicide	0.1	0.1	0.2	0.2	---	0.1	0.1	0.1	0.1	0.2	0.1	0.4	0.3	0.3
Homicide	1.8	2.2	1.6	1.4	1.3	1.5	1.0	1.2	1.6	2.9	2.2	2.2	2.6	2.9

[1] Because of decennial revisions of the International List of Causes of Death and changes in rules of cause-of-death selection, there is lack of comparability to a varying degree for some causes from one revision to the next. The beginning dates of the revisions are 1921, 1930, 1939, 1949, 1958, and 1968. In some instances data are omitted for earlier years because appropriate subcategories are not available by age of the decedent. Except for diseases that are epidemic in nature, abrupt changes at the beginning of the revision period are indicative of breaks in comparability. The cause-of-death titles are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States* and in some instances have been considerably shortened.

[2] Population adjusted for age bias in races other than white.

[3] Includes other causes not shown as a separate category.

[4] The "motor vehicle accident" rate can be added to the "other accident" rate to provide the single category "all accidents."

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: *Health United States, 1976–77,* for data years 1925–75. DHEW Pub. No. (HRA) 77-1232, Health Resources Administration. Hyattsville, Md., 1977; *Vital Statistics of the United States,* Vol. II, for data years 1976–78. Public Health Service. Hyattsville, Md. To be published.

TABLE 22. Death Rates Due to Diseases and Conditions and to External Causes for Persons Under 25 Years of Age, According to Race, Sex, and Age: United States, 1976

	All Causes				Diseases and Conditions ICDA Codes 000–796[1]				External Causes: Accidents, Poisonings, and Violence ICDA Codes E800–E999[1]			
			All Other				All Other				All Other	
Sex and Age	All Races	White	Total	Black	All Races	White	Total	Black	All Races	White	Total	Black
	Deaths per 10,000 resident population											
Both sexes												
Under 25 years	12.4	11.3	18.7	19.5	7.3	6.4	12.5	13.2	5.1	4.9	6.2	6.3
Under 6	30.9	26.8	50.2	54.0	27.6	23.9	45.1	48.6	3.3	2.9	5.1	5.4
Under 1	159.5	135.6	278.1	301.4	154.5	131.4	268.9	291.6	5.0	4.2	9.3	9.8
1–5	6.4	5.8	8.8	9.3	3.4	3.2	4.4	4.7	2.9	2.6	4.4	4.6
6–11	3.1	2.9	3.9	4.0	1.5	1.5	1.6	1.6	1.6	1.4	2.3	2.4
12–17	6.0	5.9	6.4	6.2	1.8	1.7	2.4	2.5	4.2	4.2	3.9	3.7
12–15	4.4	4.3	4.9	4.8	1.6	1.5	2.2	2.3	2.7	2.7	2.7	2.5
16–17	9.1	9.1	9.4	9.0	2.1	2.0	2.9	3.0	7.0	7.1	6.5	6.1
18–24	12.9	12.0	17.9	18.6	3.0	2.7	5.2	5.6	9.8	9.4	12.7	13.0
Male												
Under 25 years	15.8	14.5	23.0	24.0	8.3	7.2	13.9	14.7	7.5	7.2	9.2	9.3
Under 6	34.3	30.0	54.9	59.2	30.5	26.6	49.2	53.2	3.8	3.4	5.7	6.0
Under 1	176.3	151.2	301.2	328.3	170.8	146.6	291.4	317.8	5.5	4.6	9.9	10.5
1–5	7.1	6.6	9.8	10.4	3.7	3.4	4.9	5.1	3.5	3.1	5.0	5.2
6–11	3.7	3.5	4.9	5.0	1.6	1.6	1.7	1.7	2.1	1.9	3.2	3.3
12–17	8.1	8.0	8.7	8.4	2.1	2.0	2.6	2.6	6.1	6.1	6.1	5.8
12–15	5.7	5.6	6.2	6.1	1.8	1.8	2.3	2.3	3.9	3.8	3.9	[illegible]
16–17	12.9	12.8	13.6	13.2	2.5	2.3	3.3	3.2	10.4	10.4	10.3	9.9
18–24	19.4	18.2	26.8	27.9	3.7	3.3	6.1	6.6	15.7	14.9	20.7	21.4

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TABLE 22. Death Rates Due to Diseases and Conditions and to External Causes for Persons Under 25 Years of Age, According to Race, Sex, and Age: United States, 1976 (Cont.)

Sex and Age	All Causes				Diseases and Conditions ICDA Codes 000–796[1]				External Causes: Accidents, Poisonings, and Violence ICDA Codes E800–E999[1]			
			All Other				All Other				All Other	
	All Races	White	Total	Black	All Races	White	Total	Black	All Races	White	Total	Black
	Deaths per 10,000 resident population											
Female												
Under 25 years	9.0	8.0	14.4	15.1	6.4	5.5	11.2	11.8	2.6	2.5	3.3	3.3
Under 6	27.3	23.5	45.3	48.7	24.6	21.1	40.8	43.9	2.7	2.3	4.5	4.8
Under 1	141.9	119.2	254.2	273.8	137.3	115.5	245.5	264.7	4.6	3.7	8.7	9.2
1–5	5.5	5.1	7.7	8.2	3.2	3.0	3.9	4.2	2.4	2.1	3.8	4.0
6–11	2.5	2.4	3.0	3.1	1.4	1.4	1.5	1.6	1.1	1.0	1.5	1.5
12–17	3.7	3.7	4.0	3.9	1.5	1.4	2.3	2.3	2.2	2.3	1.8	1.6
12–15	3.0	2.9	3.5	3.4	1.4	1.3	2.1	2.2	1.6	1.6	1.4	1.3
16–17	5.2	5.2	5.2	4.9	1.7	1.6	2.6	2.7	3.5	3.7	2.6	2.2
18–24	6.4	5.8	9.6	10.0	2.4	2.1	4.4	4.7	4.0	3.8	5.2	5.3

[1] Deaths are coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service.

TABLE 23. Immunization and Infection Status of Children 1–4 Years of Age, According to Specified Disease: United States, 1970–78

Year	Population 1–4 Years of Age in Thousands	History of								
		Measles		Rubella		DTP[1] Immunization		Polio Immunization		Mumps Immunization[2]
		Infection	Immunization	Infection	Immunization	3 Doses or More	0 Doses	3 Doses or More	0 Doses	
		Percent of children								
1970	14,123	8.1	57.2	14.4	37.2	76.1	7.0	65.9	10.8	---
1971	14,112	8.7	61.0	13.9	51.2	78.7	5.8	67.3	8.6	---
1972	13,905	7.4	62.2	12.3	56.9	75.6	6.9	62.9	10.7	---
1973	13,874	6.3	61.2	12.8	55.6	72.6	6.2	60.4	13.9	34.7
1974	13,210	5.1	64.5	12.2	59.8	73.9	5.2	63.1	11.7	39.4
1975	12,729	4.8	65.5	11.3	61.9	75.2	4.5	64.8	10.3	44.4
1976[3]	12,276	4.3	65.9	10.0	61.7	71.4	3.7	61.6	9.5	48.3
1977	12,071	3.8	63.1	10.0	59.4	69.5	3.3	60.1	8.7	48.1
1978	12,187	3.3	62.8	7.8	61.7	68.0	3.8	61.4	7.9	51.1

[1] Diphtheria–tetanus–pertussis.

[2] Mumps immunization was first reported in 1973.

[3] Beginning in 1976, the category "don't know" was added to response categories. Before 1976, the lack of the "don't know" option resulted in some forced positive answers, which were particularly apparent for those immunizations that require multiple dose schedules, i.e., polio and DTP.

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Infection and immunization are not mutually exclusive.

SOURCE: National Center for Health Statistics: *Health United States, 1979*. DHEW Pub. No. (PHS) 80–1232. Public Health Service. Washington. U.S. Government Printing Office, 1980.

TABLE 24. Immunization and Infection Status of Children 1–9 Years of Age, According to Specified Disease, Age, Metropolitan Status, Color, and Poverty Level: United States, 1976

Age, Metropolitan Status, Color, and Poverty Level	Population in Thousands	History of								
		Measles		Rubella		DTP[1] Immunization		Polio Immunization		
		Infection	Immunization	Infection	Immunization	3 or More Doses	0 Doses	3 or More Doses	0 Doses	Mumps Immunization
		Percent of children								
1–4 years										
Central cities of SMSA	3,523	5.8	62.5	9.4	59.5	68.1	4.4	53.8	10.7	45.6
White	2,334	6.0	66.8	9.1	63.4	71.5	4.4	61.7	8.4	47.9
All other	1,189	5.4	54.0	10.1	51.7	49.4	4.4	38.4	15.4	41.0
Poverty areas	948	7.2	50.7	10.7	51.5	44.6	7.1	38.0	15.6	37.9
Nonpoverty areas	2,575	5.2	66.8	9.0	62.4	71.2	3.5	59.6	9.0	48.4
Remaining areas of SMSA	4,549	3.4	67.2	9.2	63.5	75.7	2.9	65.3	7.7	50.7
Poverty areas	314	6.2	56.4	17.5	51.2	72.0	10.1	61.5	14.7	35.2
Nonpoverty areas	4,235	3.2	68.1	8.6	64.5	75.9	2.4	65.6	7.2	51.8
Outside SMSA	4,205	4.0	67.3	11.3	61.5	72.9	4.0	63.9	10.5	47.9
5–9 years										
Central cities of SMSA	4,712	13.2	71.4	18.3	68.3	72.8	1.8	66.3	5.5	46.4
White	3,159	12.5	76.3	19.3	70.0	78.4	1.6	73.3	3.7	49.3
All other	1,552	14.6	61.4	16.3	64.9	61.2	2.2	52.1	9.3	40.7
Poverty areas	1,149	18.7	61.2	18.6	63.1	58.0	2.7	54.4	9.2	38.1
Nonpoverty areas	3,562	11.4	74.7	18.2	70.0	77.5	1.6	70.2	4.3	49.1
Remaining areas of SMSA	6,776	9.3	77.3	17.4	71.9	80.6	1.0	74.1	3.9	55.3
Poverty areas	417	19.0	70.5	22.0	61.5	78.3	1.1	71.4	5.0	39.1
Nonpoverty areas	6,360	8.6	77.8	17.1	72.5	80.7	1.0	74.3	3.8	56.4
Outside SMSA	5,809	11.3	74.4	24.0	67.7	80.2	2.2	73.5	6.1	48.6

[1] Diphtheria–Tetanus–Pertussis.

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Infection and immunization are not mutually exclusive.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 25. Immunization Status of Children Entering Kindergarten and First Grade, According to Specified Disease, State, and Selected Cities: United States, 1978–79

Region, Division, and State	Number in Sample	Type of Immunization				
		Measles	Rubella	Mumps	Polio	DPT/Td[1]
		Percent of children				
United States[2]	3,272,090	93	91	83	92	92
Northeast						
New England						
Connecticut	5,069	94	92	71	96	96
Maine	16,000	92	91	---	91	91
Massachusetts	74,851	99	93	93	98	97
New Hampshire	15,019	96	96	94	96	96
Rhode Island	10,382	93	92	52	93	93
Vermont	8,197	94	80	78	96	96
Middle Atlantic						
New Jersey	92,398	99	99	---	97	96
New York[3]	121,263	97	97	96	97	97
New York City	112,273	95	96	94	94	93
Pennsylvania	183,920	94	93	---	94	94
Allegheny City	16,015	93	93	---	93	94
Philadelphia	21,440	83	81	---	82	84
North Central						
East North Central						
Illinois	125,668	89	87	81	86	88
Chicago	2,636	83	81	57	77	81
Indiana	78,699	96	96	88	95	97
Marion City	9,247	95	93	83	94	95
Michigan	137,925	90	90	73	90	91
Ohio	151,202	98	98	---	97	96
Wisconsin	51,972	93	93	---	85	85
West North Central						
Iowa	41,282	96	96	86	95	94
Kansas	33,258	96	96	92	95	92
Minnesota	55,301	97	97	95	92	88
Missouri	70,000	95	93	69	97	97
Nebraska	23,461	97	96	90	97	97
North Dakota	11,896	97	96	95	97	97
South Dakota	9,450	88	88	86	88	88
South						
South Atlantic						
Delaware	13,294	95	95	59	94	95
District of Columbia	10,379	98	97	95	95	97
Florida	248,326	93	93	93	93	93
Georgia	111,620	82	82	82	82	82
Maryland	35,158	99	100	---	95	99
North Carolina	82,332	96	96	---	96	96
South Carolina	81,774	94	94	94	94	94
Virginia	74,971	95	95	---	94	94
West Virginia	26,098	98	98	---	97	98

TABLE 25. Immunization Status of Children Entering Kindergarten and First Grade, According to Specified Disease, State, and Selected Cities: United States, 1978–79 (Cont.)

Region, Division, and State	Number in Sample	Type of Immunization				
		Measles	Rubella	Mumps	Polio	DPT/Td[1]
East South Central						
Alabama	117,404	96	96	96	96	96
Kentucky	75,511	90	90	---	90	90
Mississippi	52,890	92	92	---	92	92
Tennessee	118,361	96	98	---	98	98
West South Central						
Arkansas	32,103	97	97	25	96	97
Louisiana	64,324	97	97	---	95	95
Oklahoma	40,486	96	96	---	94	96
Texas	---	---	---	---	---	---
West						
Mountain						
Arizona	67,930	90	86	68	92	93
Colorado	41,360	73	73	73	73	73
Idaho	22,011	67	67	67	67	67
Montana	12,584	84	82	77	83	84
Nevada	10,633	94	93	---	93	95
New Mexico	17,730	98	98	---	98	98
Utah	28,384	98	98	97	97	96
Wyoming	4,803	90	89	86	88	89
Pacific						
Alaska	5,101	97	97	82	95	96
California	287,385	91	[4]76	[4]68	88	90
Hawaii	14,385	95	95	---	95	95
Oregon	14,882	97	96	85	93	92
Washington	2,016	88	87	80	79	78

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[1] DPT refers to diphtheria, pertussis, and tetanus. Td refers to tetanus and diphtheria. After age 5 or so, when pertussis is no longer considered as threatening, this immunization is omitted.

[2] Weighted average—does not include Texas where kindergarten–first grade data are not tabulated separately from other grades.

[3] Figures adjusted to exclude day care and nursery data.

[4] In California, rubella and mumps immunizations are not required by law.

NOTE: Data are based on a sample of student records.

SOURCE: Center for Disease Control, Immunization Division: Data from the 1978–79 School Entry Assessment.

TABLE 26. Regular Source of Care for Children and Youths Under 18 Years of Age, According to Place of Usual Care, and Selected Characteristics: United States, 1974

Characteristic	Population in Thousands	Without Regular Source of Care[2]	With Regular Source of Care			
			Total[2]	Place of Usual Care		
				Office	Hospital	Other
			Percent of population			
Total under 18 years[1]	67,247	9.7	88.3	78.3	5.6	2.9
Age						
Under 6 years	19,649	6.9	91.8	80.6	6.2	3.7
6–11 years	22,155	9.1	89.2	79.4	5.6	2.4
12–17 years	25,443	12.3	84.9	75.5	5.1	2.7
12–15 years	16,726	11.1	87.5	78.1	5.1	2.8
16–17 years	8,716	14.7	79.8	70.7	5.1	2.5
Race						
White	56,493	8.4	89.8	82.5	3.4	2.4
Black	9,628	17.3	80.1	54.4	18.6	5.9
Health status						
Excellent and good	63,759	9.6	88.4	78.6	5.4	2.9
Fair and poor	3,129	10.6	87.1	73.8	9.2	2.5
Family income						
Under $5,000	8,029	18.1	80.0	60.9	12.3	5.8
$5,000–$9,999	15,392	12.5	85.6	72.8	7.6	3.9
$10,000–$14,999	18,829	7.2	90.9	82.3	4.4	2.4
$15,000 or more	21,287	5.8	92.5	86.7	2.7	1.5
Residence						
SMSA	46,097	9.1	88.7	76.8	7.0	3.3
Central city	19,227	12.2	85.3	67.3	12.3	4.4
Outside central city	26,871	7.0	91.1	83.5	3.2	2.6
Outside SMSA	21,150	10.9	87.5	81.6	2.5	2.0
Region						
Northeast	15,187	9.1	89.2	79.2	6.4	2.2
North Central	18,351	6.4	91.3	84.8	3.4	1.2
South	21,446	11.8	86.6	74.1	7.2	3.8
West	12,263	11.6	85.8	74.7	5.2	4.8

[1] Includes children of other races and unknown family income, not shown as separate categories.
[2] Excludes children for whom information on source of care is unavailable.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 27. Regular Physician at Place of Usual Care for Children and Youths Under 18 Years of Age, According to Specialty of Physician, and Selected Characteristics: United States, 1974

			With Regular Source of Care					
					With Regular Physician			
						Specialty of Regular Physician		
Characteristic	Population in Thousands	Without Regular Source of Care[2]	Total[2]	Without Regular Physician	Total	General Practitioner	Pediatrician	Internist
				Percent of population				
Total under 18 years[1]	67,247	9.7	88.3	10.5	77.8	45.9	27.8	1.2
Age								
Under 6 years	19,649	6.9	91.8	11.4	80.4	34.2	43.5	*
6-11 years	22,155	9.1	89.2	9.9	79.3	46.5	29.4	*
12–17 years	25,443	12.3	84.9	10.3	74.6	54.3	14.4	2.4
12–15 years	16,726	11.1	87.5	10.6	77.0	53.4	18.4	*
16–17 years	8,716	14.7	79.8	9.7	70.1	56.2	6.8	*
Race								
White	56,493	8.4	89.8	8.1	81.7	48.2	29.2	1.3
Black	9,628	17.3	80.1	24.7	55.4	33.2	18.6	*
Health status								
Excellent and good	63,759	9.6	88.4	10.3	78.1	45.9	28.1	1.2
Fair and poor	3,129	10.6	87.1	13.3	73.8	45.6	23.3	*

Family income								
Under $5,000	8,029	18.1	80.0	18.6	61.4	41.8	14.9	0.7
$5,000–$9,999	15,392	12.5	85.6	12.9	72.8	46.8	22.2	0.6
$10,000–$14,999	18,829	7.2	90.9	8.5	82.4	48.8	29.6	1.1
$15,000 or more	21,287	5.8	92.5	7.4	85.1	44.4	36.3	2.1
Residence								
SMSA	46,097	9.1	88.7	12.3	76.4	40.2	32.2	1.4
Central city	19,227	12.2	85.3	17.6	67.8	36.1	28.1	1.2
Outside central city	26,871	7.0	91.1	8.6	82.5	43.1	35.1	1.6
Outside SMSA	21,150	10.9	87.5	6.4	81.1	58.2	18.4	0.7
Region								
Northeast	15,187	9.1	89.2	9.9	79.3	40.8	33.3	2.2
North Central	18,351	6.4	91.3	7.8	83.4	54.4	24.4	1.0
South	21,446	11.8	86.6	12.2	74.4	43.9	27.4	0.7
West	12,263	11.6	85.8	12.1	73.7	42.8	27.0	1.2

[1] Includes children of other races and unknown family income, not shown as separate categories.
[2] Excludes children for whom information on source of care is unavailable.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 28. Regular Source of Care for Children and Youths Under 17 Years of Age, According to Regular Physician and Travel Time, Type of Health Insurance Coverage, and Selected Characteristics: United States, 1978

Type of Health Insurance Coverage and Characteristic	Population in Thousands	Without Regular Source of Care[1]	With Regular Source of Care: Total[1]	With Regular Source of Care: Without Regular Physician	With Regular Source of Care: With Travel Time of 30 Minutes or More
		Percent of population			
Total under 17 years	59,012	7.0	93.0	24.7	15.9
Private or military only	44,954	5.6	94.4	20.8	14.7
Medicaid with or without other coverage	6,795	8.3	91.7	37.8	20.6
Medicaid only	5,638	8.2	91.8	38.7	21.1
Uninsured	6,409	14.2	85.8	36.0	19.3
Race					
White	48,945	6.5	93.5	21.5	15.1
Private or military only	39,760	5.2	94.8	19.4	14.5
Medicaid with or without other coverage	3,587	8.1	91.9	30.0	18.9
Uninsured	4,955	14.4	85.6	31.3	16.5
Black	9,148	9.7	90.3	40.5	20.3
Private or military only	4,544	9.0	91.0	31.6	16.8
Medicaid with or without other coverage	3,074	8.4	91.6	47.1	22.6
Uninsured	1,337	12.1	87.9	52.6	28.0
Poverty level					
150 percent or less of poverty level	16,557	9.6	90.4	34.2	20.0
Private or military only	7,207	8.7	91.3	28.9	19.5
Medicaid with or without other coverage	5,374	7.9	92.1	37.5	20.1
Uninsured	3,669	14.2	85.8	38.9	21.1

150–199 percent of poverty level	11,066	6.7	93.3	23.0	16.2
Private or military only	9,487	5.7	94.3	21.5	16.2
Medicaid with or without other coverage	437	11.0	89.0	34.7	14.5
Uninsured	1,027	13.3	86.7	31.8	16.9
200 percent or more of poverty level	26,134	13.1	86.9	18.0	13.3
Private or military only	24,676	12.8	87.2	17.7	12.9
Medicaid with or without other coverage	247	6.7	93.3	26.4	25.2
Uninsured	1,017	18.2	81.8	23.0	16.8
Metropolitan status					
Metropolitan	39,977	7.3	92.7	26.4	14.4
Private or military only	30,606	5.8	94.2	21.7	13.2
Medicaid with or without other coverage	5,208	8.4	91.6	41.5	20.4
Uninsured	3,599	16.9	83.1	43.3	15.7
Nonmetropolitan	19,035	6.5	93.5	21.0	19.2
Private or military only	14,348	5.3	94.7	19.1	18.1
Medicaid with or without other coverage	1,587	7.9	92.1	25.6	21.1
Uninsured	2,810	10.7	89.3	26.6	23.9
Age					
Under 6 years	18,411	6.0	94.0	24.0	17.8
Private or military only	13,359	4.3	95.7	19.4	16.8
Medicaid with or without other coverage	2,485	7.6	92.4	36.5	21.5
Uninsured	2,251	12.8	87.2	35.6	19.0
6–17 years	40,601	7.5	92.5	25.0	15.1
Private or military only	31,596	6.2	93.8	21.5	13.9
Medicaid with or without other coverage	4,310	8.7	91.3	38.6	20.1
Uninsured	4,156	14.9	85.1	36.2	19.5

[1] Excludes children for whom information on source of care is unavailable.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 29. Regular Source of Care for Women 17–44 Years of Age, According to Regular Physician and Travel Time, Type of Health Insurance Coverage, and Selected Characteristics: United States, 1978

Type of Health Insurance Coverage and Characteristic	Population in Thousands	Without Regular Source of Care[1]	With Regular Source of Care: Total[1]	With Regular Source of Care: Without Regular Physician	With Regular Source of Care: With Travel Time of 30 Minutes or More
		Percent of population			
Total women 17–44 years	45,676	12.1	87.9	29.0	15.8
Private or military only	36,557	10.6	89.4	26.4	15.0
Medicaid with or without other coverage	3,362	9.6	90.4	38.1	22.7
Medicaid only	2,751	9.5	90.5	39.6	23.1
Uninsured	5,138	21.5	78.5	40.0	17.4
Race					
White	39,112	12.0	88.0	27.3	15.0
Private or military only	32,535	10.6	89.4	25.6	14.6
Medicaid with or without other coverage	1,835	11.3	88.7	32.7	19.7
Uninsured	4,267	21.2	78.8	37.1	16.3
Black	5,818	11.3	88.7	39.0	20.9
Private or military only	3,438	9.9	90.1	32.4	18.1
Medicaid with or without other coverage	1,452	7.4	92.6	44.8	26.4
Uninsured	789	19.3	80.7	52.4	23.9
Poverty level					
150 percent or less of poverty level	9,896	14.0	86.0	38.3	19.8
Private or military only	4,745	12.7	87.3	34.0	18.3
Medicaid with or without other coverage	2,577	9.2	90.8	39.5	23.1
Uninsured	2,416	21.2	78.8	45.2	19.5

150–199 percent of poverty level	7,151	12.2	87.8	27.9	15.7
Private or military only	5,871	10.5	89.5	26.5	15.7
Medicaid with or without other coverage	251	9.6	90.4	25.9	18.7
Uninsured	956	22.3	77.7	37.5	14.4
200 percent or more of poverty level	25,074	10.7	89.3	25.1	14.3
Private or military only	23,396	10.1	89.9	24.7	14.2
Medicaid with or without other coverage	229	11.8	88.2	22.2	21.9
Uninsured	1,278	20.1	79.9	30.7	16.0
Metropolitan status					
Metropolitan	32,216	12.8	87.2	31.2	14.7
Private or military only	25,889	11.3	88.7	27.9	13.9
Medicaid with or without other coverage	2,610	9.9	90.1	42.8	21.8
Uninsured	3,280	24.3	75.7	45.6	16.4
Nonmetropolitan	13,460	10.4	89.6	23.8	18.3
Private or military only	10,668	9.1	90.9	22.6	17.6
Medicaid with or without other coverage	752	8.7	91.3	21.7	25.8
Uninsured	1,857	16.5	83.5	30.0	19.1

[1] Excludes women for whom information on source of care is unavailable.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 39. Regular Source of Care for Children and Youths Under 17 Years of Age, According to Place of Usual Care, Type of Health Insurance Coverage, and Selected Characteristics: United States, 1978

Type of Health Insurance Coverage and Characteristic	With Regular Source of Care[1]	Place of Usual Care				
		Office	Hospital Outpatient Department	Health Center	Hospital Emergency Room	More Than One Place
		Percent of population				
Total under 17 years	93.0	78.6	5.6	2.9	1.0	1.4
Private or military only	94.4	83.8	3.9	1.4	0.6	1.4
Medicaid with or without other coverage	91.7	59.2	13.8	10.2	2.4	1.4
Medicaid only	91.8	57.8	14.2	11.3	2.2	1.5
Uninsured	85.8	64.9	8.8	5.6	2.3	1.2
Race						
White	93.5	82.8	3.9	1.7	0.7	1.3
Private or military only	94.8	85.7	3.3	0.9	0.5	1.3
Medicaid with or without other coverage	91.9	69.8	8.8	6.7	1.5	1.6
Uninsured	85.6	70.5	5.6	4.0	1.3	0.9
Black	90.3	56.9	14.4	9.7	3.1	1.6
Private or military only	91.0	68.3	9.0	5.8	1.9	1.8
Medicaid with or without other coverage	91.6	46.7	19.9	14.6	3.4	1.1
Uninsured	87.9	44.4	20.6	11.7	6.1	2.6
Poverty level						
150 percent or less of poverty level	90.4	66.3	10.5	6.2	2.0	1.2
Private or military only	91.3	74.3	7.5	3.0	1.3	1.0
Medicaid with or without other coverage	92.1	59.0	14.1	10.4	2.3	1.6
Uninsured	85.8	61.9	11.1	6.1	2.8	1.1

150–199 percent of poverty level	93.3	80.4	5.0	1.6	0.8	1.7
Private or military only	94.3	82.5	4.5	1.3	0.7	1.7
Medicaid with or without other coverage	89.0	67.2	11.5	6.2	0.6	–
Uninsured	86.7	67.3	6.7	3.1	2.1	2.8
200 percent or more of poverty level	95.1	86.9	2.7	1.1	0.3	1.3
Private or military only	95.3	87.2	2.7	1.0	0.3	1.3
Medicaid with or without other coverage	93.3	74.7	7.6	3.7	0.7	1.6
Uninsured	90.4	81.8	2.5	2.1	0.4	0.9
Metropolitan status						
Metropolitan	92.7	76.3	6.6	3.6	1.2	1.4
Private or military only	94.2	82.8	4.1	1.8	0.7	1.4
Medicaid with or without other coverage	91.6	54.0	17.2	11.4	2.9	1.5
Uninsured	83.1	55.5	12.2	7.5	3.1	1.5
Nonmetropolitan	93.5	83.5	3.6	1.5	0.7	1.3
Private or military only	94.7	85.9	3.6	0.6	0.6	1.3
Medicaid with or without other coverage	92.1	76.4	2.6	6.4	0.5	0.8
Uninsured	89.3	76.5	4.4	3.1	1.2	0.9
Age						
Under 6 years	94.0	78.2	6.5	4.0	0.8	1.1
Private or military only	95.7	84.7	4.7	1.9	0.5	1.0
Medicaid with or without other coverage	92.4	57.9	14.1	11.4	1.9	1.5
Uninsured	87.2	64.3	8.9	8.6	1.2	0.9
6–17 years	92.5	78.8	5.3	2.4	1.2	1.5
Private or military only	93.8	83.3	3.6	1.3	0.7	1.5
Medicaid with or without other coverage	91.3	60.0	13.6	9.6	2.7	1.3
Uninsured	85.1	65.2	8.7	3.9	2.9	1.5

[1] Excludes children for whom information on source of care is unavailable.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 31. Usual Sources of Care of Women 17–44 Years of Age, According to Place of Usual Care, Type of Health Insurance Coverage, and Selected Characteristics: United States, 1978

Type of Health Insurance Coverage and Characteristic	With Regular Source of Care[1]	Place of Usual Care				
		Office	Hospital Outpatient Department	Health Center	Hospital Emergency Room	More Than One Place
		Percent of population				
Total women 17–44 years	87.9	73.2	5.1	2.5	1.0	3.4
Private or military	89.4	76.5	4.0	1.8	0.7	3.6
Medicaid with or without other coverage	90.4	59.0	15.4	7.9	2.7	2.7
Medicaid only	90.5	56.7	16.8	9.0	3.0	2.7
Uninsured	78.5	61.0	6.6	4.2	1.8	2.4
Race						
White	88.0	75.5	4.0	1.9	0.6	3.4
Private or military	89.4	77.6	3.5	1.5	0.5	3.6
Medicaid with or without other coverage	88.7	67.6	9.5	4.1	2.5	2.9
Uninsured	78.8	64.5	5.4	3.6	0.9	2.2
Black	88.7	59.2	12.7	6.6	3.2	3.6
Private or military	90.1	68.0	8.2	4.1	2.7	4.0
Medicaid with or without other coverage	92.6	48.2	23.2	12.4	2.9	2.7
Uninsured	80.7	45.7	13.2	7.5	6.8	3.8
Poverty level						
150 percent or less of poverty level	86.0	61.1	10.0	5.6	2.1	2.8
Private or military	87.3	66.0	7.0	4.3	1.2	2.7
Medicaid with or without other coverage	90.8	57.5	16.0	8.5	3.2	3.0
Uninsured	78.8	55.9	9.1	5.2	3.0	2.9

150–199 percent of poverty level	87.8	73.8	6.0	1.9	0.9	2.8
Private or military	89.5	75.8	5.6	1.7	1.0	2.9
Medicaid with or without other coverage	90.4	70.9	12.1	1.6	-	3.2
Uninsured	77.7	62.6	6.3	3.3	0.8	2.1
200 percent or more of poverty level	89.3	78.4	3.0	1.3	0.4	3.9
Private or military	89.9	78.9	3.0	1.3	0.4	4.0
Medicaid with or without other coverage	88.2	71.2	8.3	3.6	0.8	1.3
Uninsured	79.9	71.7	2.2	1.4	0.3	2.4
Metropolitan status						
Metropolitan	87.2	71.0	5.8	2.8	1.0	3.8
Private or military	88.7	75.1	4.0	1.9	0.7	4.0
Medicaid with or without other coverage	90.1	53.3	19.3	8.9	3.2	2.9
Uninsured	75.7	54.8	8.7	4.7	2.3	2.5
Nonmetropolitan	89.6	78.6	3.6	1.9	0.8	2.5
Private or military	90.9	80.0	3.8	1.4	0.7	2.6
Medicaid with or without other coverage	91.3	78.5	2.1	4.5	1.0	2.1
Uninsured	83.5	72.1	3.0	3.2	1.0	2.3

[1] Excludes women for whom information on source of care is unavailable.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 32. Ever-Married Mothers 15–44 Years of Age in 1973 Who Breast Fed Their First Child for 3 Months or More, According to Year of Birth of First Child and Selected Characteristics of the Mother: United States, 1973

Characteristic	All Years	Year of Birth of First Child: 1950 or Before	1951–55	1956–60	1961–65	1966–70	1971–73
		Percent of ever-married mothers who breast fed first child					
Total ever-married mothers 15–44 years	13.0	32.0	18.1	13.4	12.3	8.2	7.1
Religion							
Catholic	10.8	16.3	14.8	13.4	10.9	7.6	5.9
Protestant	13.8	35.2	19.8	13.4	11.8	8.2	7.0
Jewish	10.6	---	*6.8	*4.1	*23.8	*12.6	---
Other or none	17.2	48.8	*16.7	18.4	22.6	9.7	15.6
Race and Spanish origin							
White	12.5	28.0	16.7	12.7	12.4	8.5	7.6
Black	16.7	45.4	28.4	18.0	9.5	*3.9	*1.5
Spanish origin[1]	20.1	37.7	33.4	31.7	16.3	11.2	*3.7
Farm background							
Farm	19.0	42.7	26.9	20.4	12.8	8.3	6.3
Nonfarm	10.9	23.8	13.8	10.5	12.1	8.1	7.3
Geographic region							
Northeast	10.1	26.5	10.5	7.6	9.8	11.0	6.9
North Central	10.0	26.4	11.0	11.3	11.2	5.0	6.3
South	15.4	40.3	28.2	17.2	12.3	6.1	4.7
West	16.1	25.6	19.0	16.6	16.4	12.0	13.6
Education							
8 years or less	25.0	39.6	38.3	27.0	15.1	12.2	*2.1
9–11 years	13.3	31.2	22.6	15.5	7.5	2.7	5.5
12 years	8.6	22.2	11.9	8.6	9.5	5.7	4.9
13–15 years	14.4	54.6	12.6	13.6	19.9	9.8	9.4
16 years or more	21.6	*18.6	12.7	19.1	26.4	25.4	19.1

Occupation							
Never worked	16.4	41.9	21.2	21.9	17.4	8.9	*5.3
Professionals and managers	19.2	33.4	20.9	16.9	17.6	20.2	17.2
Sales and clerical workers	9.1	26.8	11.0	9.8	10.3	5.8	5.2
Service workers	14.3	36.2	24.1	13.1	11.1	6.3	7.0
Craftworkers, operators, and farmworkers	14.2	30.0	22.6	16.1	12.2	5.9	*2.8
Poverty level							
Below poverty level	21.1	45.2	34.5	27.2	13.7	10.9	*5.8
100–199 percent above	13.5	38.4	23.0	14.9	14.4	3.6	5.7
200–299 percent above	10.3	30.3	15.7	10.5	10.3	5.9	7.1
300 percent or more above	12.3	23.8	13.2	10.8	12.0	12.1	8.5
Employment between first and second birth							
No second birth	7.8	36.0	17.8	12.6	10.9	6.5	5.6
Employed between births	12.2	26.0	15.5	13.8	9.0	7.8	*13.5
Not employed between births	16.0	35.3	19.2	13.2	14.9	9.9	17.6

[1] Women of Spanish origin may be of any race.

NOTE: Data are based on household interviews of a sample of ever-married women.

SOURCE: National Center for Health Statistics: Trends in breast feeding among American mothers, by C. Hirschman and G. E. Hendershot. *Vital and Health Statistics*, Series 23, No. 3. DHEW Pub. No. (PHS) 79–179. Public Health Service. Washington. U.S. Government Printing Office, Nov. 1979.

TABLE 33. Consumption of Selected Food Groups by Children and Youths Under 18 Years of Age, According to Frequency of Intake, Race, Age, and Sex: United States, 1971–74

Race,[1] Age, Sex, and Food Group	Frequency During Preceding 3 Months: 2 or More Times per Day	Once per Day	1–6 Times per Week	Seldom or Never
	Percent distribution			
Both races, both sexes				
1–5 years				
Whole milk	74.4	11.6	7.8	6.3
Meat and poultry	31.5	53.9	14.2	0.3
Fish and shellfish	0.1	0.7	51.7	47.5
Eggs	0.4	17.4	69.8	12.4
All fruit and vegetables	64.6	27.1	7.8	0.5
Breads	54.9	32.9	10.3	1.7
Cereals	2.4	32.6	56.7	8.4
Desserts	19.3	40.0	36.9	3.8
Candy	5.2	25.8	53.3	15.7
Sweetened beverages[2]	12.8	26.8	42.8	17.6
Coffee and tea	3.2	11.1	20.7	65.0
Salty snacks	2.2	12.6	65.3	19.9
6–11 years				
Whole milk	69.6	19.1	7.5	3.8
Meat and poultry	32.1	56.8	10.8	0.4
Fish and shellfish	0.1	0.7	56.1	43.0
Eggs	0.1	9.7	74.3	15.8
All fruit and vegetables	63.6	29.5	6.8	0.2
Breads	67.9	25.3	6.4	0.5
Cereals	1.9	28.8	60.9	8.4
Desserts	18.4	44.8	34.4	2.4
Candy	5.3	25.4	57.3	12.0
Sweetened beverages[2]	11.4	26.4	49.1	13.0
Coffee and tea	3.3	10.4	27.2	59.1
Salty snacks	2.3	19.6	66.0	12.0
12–17 years				
Whole milk	56.5	20.1	15.7	7.7
Meat and poultry	36.5	48.6	14.4	0.5
Fish and shellfish	0.0	0.9	49.9	49.2
Eggs	0.3	8.7	65.3	25.7
All fruit and vegetables	58.0	30.8	10.8	0.4
Breads	62.1	27.5	10.2	0.2
Cereals	1.4	16.0	51.8	30.9
Desserts	15.2	32.9	47.1	4.8
Candy	7.0	20.4	55.0	17.6
Sweetened beverages[2]	17.9	28.5	44.0	9.6
Coffee and tea	7.5	16.6	30.4	45.5
Salty snacks	2.5	15.8	65.8	16.0
White, both sexes				
1–5 years				
Whole milk	75.3	11.0	7.1	6.5
Meat and poultry	30.4	55.4	13.9	0.3
Fish and shellfish	0.1	0.7	50.2	49.0
Eggs	0.4	17.2	69.6	12.9
All fruit and vegetables	66.7	25.9	6.9	0.6
Breads	53.8	34.2	10.0	2.1
Cereals	2.3	32.1	56.8	8.7

TABLE 33. Consumption of Selected Food Groups by Children and Youths Under 18 Years of Age, According to Frequency of Intake, Race, Age, and Sex: United States, 1971–74 (Cont.)

Race,[1] Age, Sex, and Food Group	Frequency During Preceding 3 Months			
	2 or More Times per Day	Once per Day	1–6 Times per Week	Seldom or Never
	Percent distribution			
Desserts	20.1	39.4	36.9	3.5
Candy	5.0	25.3	53.9	15.8
Sweetened beverages[2]	12.6	26.4	42.7	18.4
Coffee and tea	3.5	11.3	20.3	64.8
Salty snacks	2.2	10.7	64.9	22.1
6–11 years				
Whole milk	72.8	17.4	5.9	3.9
Meat and poultry	30.4	58.2	11.0	0.4
Fish and shellfish	0.2	0.6	54.8	44.4
Eggs	0.0	8.7	75.2	16.1
All fruit and vegetables	65.0	28.7	6.2	0.2
Breads	66.8	27.1	5.8	0.3
Cereals	2.0	29.2	60.4	8.4
Desserts	19.4	44.5	33.6	2.6
Candy	4.7	23.4	58.8	13.1
Sweetened beverages[2]	11.8	25.2	49.2	13.9
Coffee and tea	3.4	11.0	26.6	59.0
Salty snacks	1.9	18.6	66.6	12.9
12–17 years				
Whole milk	59.8	18.0	14.3	8.0
Meat and poultry	35.5	49.6	14.5	0.5
Fish and shellfish	0.0	0.8	49.2	49.9
Eggs	0.3	7.7	65.5	26.5
All fruit and vegetables	59.5	30.6	9.5	0.4
Breads	60.4	28.9	10.4	0.3
Cereals	1.1	16.6	50.7	31.6
Desserts	14.9	33.4	46.7	5.0
Candy	5.5	19.0	58.0	17.5
Sweetened beverages[2]	16.8	28.6	44.0	10.7
Coffee and tea	8.2	17.5	29.7	44.6
Salty snacks	1.7	14.4	66.1	17.8
12–17 years, male				
Whole milk	67.0	15.6	12.9	4.4
Meat and poultry	38.0	47.0	14.8	0.3
Fish and shellfish	0.0	1.0	50.3	48.7
Eggs	0.4	7.4	69.2	23.1
All fruit and vegetables	57.3	32.3	9.6	0.7
Breads	67.5	25.0	7.2	0.3
Cereals	1.9	21.5	52.9	23.7
Desserts	16.8	34.7	45.0	3.6
Candy	5.9	19.8	58.0	16.3
Sweetened beverages[2]	20.3	28.7	43.6	7.4
Coffee and tea	7.0	17.9	29.4	45.8
Salty snacks	2.1	15.5	66.2	16.1
12–17 years, female				
Whole milk	52.3	20.4	15.7	11.7
Meat and poultry	32.9	52.2	14.1	0.8
Fish and shellfish	0.1	0.7	48.1	51.2
Eggs	0.2	8.0	61.7	30.1

TABLE 33. Consumption of Selected Food Groups by Children and Youths Under 18 Years of Age, According to Frequency of Intake, Race, Age, and Sex: United States, 1971–74 (Cont.)

Race,[1] Age, Sex, and Food Group	Frequency During Preceding 3 Months			
	2 or More Times per Day	Once per Day	1–6 Times per Week	Seldom or Never
	Percent distribution			
All fruit and vegetables	61.7	28.8	9.4	0.1
Breads	53.1	33.0	13.7	0.2
Cereals	0.3	11.5	48.4	39.7
Desserts	13.1	32.0	48.4	6.4
Candy	5.1	18.1	58.1	18.7
Sweetened beverages[2]	13.1	28.5	44.3	14.0
Coffee and tea	9.5	17.1	30.1	43.4
Salty snacks	1.2	13.3	66.1	19.4
Black, both sexes				
1–5 years				
Whole milk	68.0	15.2	11.9	4.9
Meat and poultry	38.3	45.7	15.9	0.2
Fish and shellfish	0.0	1.0	60.0	39.0
Eggs	0.8	18.5	71.0	9.7
All fruit and vegetables	52.4	34.1	13.4	0.0
Breads	61.6	25.2	12.2	1.0
Cereals	2.3	35.2	55.9	6.6
Desserts	14.3	43.4	36.9	5.4
Candy	6.7	28.6	49.2	15.5
Sweetened beverages[2]	9.4	30.4	45.8	14.4
Coffee and tea	1.4	11.7	22.6	64.3
Salty snacks	2.0	24.0	67.3	6.7
6–11 years				
Whole milk	50.7	28.9	17.3	3.2
Meat and poultry	41.7	48.3	9.8	0.3
Fish and shellfish	0.0	1.6	64.3	34.1
Eggs	1.0	16.2	68.5	14.2
All fruit and vegetables	55.4	34.2	10.4	0.0
Breads	77.2	18.1	4.1	0.6
Cereals	1.7	26.1	63.8	8.4
Desserts	13.1	46.6	39.2	1.1
Candy	8.6	37.6	48.5	5.3
Sweetened beverages[2]	9.4	34.3	49.1	7.2
Coffee and tea	2.8	6.7	30.9	59.6
Salty snacks	4.9	26.1	62.6	6.4
12–17 years				
Whole milk	36.0	33.3	24.5	6.1
Meat and poultry	43.2	42.2	14.0	0.7
Fish and shellfish	0.0	1.1	54.4	44.5
Eggs	0.4	14.9	63.7	21.0
All fruit and vegetables	48.7	31.8	18.9	0.6
Breads	70.8	19.5	9.5	0.2
Cereals	3.3	12.2	58.4	26.1
Desserts	17.1	29.9	49.5	3.5
Candy	16.4	29.1	36.1	18.4
Sweetened beverages[2]	25.3	27.5	44.4	2.9
Coffee and tea	3.2	10.8	34.4	51.6
Salty snacks	7.5	24.0	63.4	5.2

TABLE 33. Consumption of Selected Food Groups by Children and Youths Under 18 Years of Age, According to Frequency of Intake, Race, Age, and Sex: United States, 1971–74 (Cont.)

Race,[1] Age, Sex, and Food Group	Frequency During Preceding 3 Months			
	2 or More Times per Day	Once per Day	1–6 Times per Week	Seldom or Never
	Percent distribution			
12–17 years, male				
Whole milk	40.8	35.4	20.0	3.7
Meat and poultry	37.5	43.8	18.2	0.5
Fish and shellfish	0.0	1.9	54.5	43.6
Eggs	0.2	13.2	71.7	15.0
All fruit and vegetables	44.6	31.9	22.2	1.3
Breads	76.2	17.7	5.8	0.4
Cereals	5.8	13.7	56.9	23.5
Desserts	19.7	30.7	45.4	4.2
Candy	16.5	25.8	38.3	19.5
Sweetened beverages[2]	24.8	30.8	41.7	2.7
Coffee and tea	2.7	12.3	32.2	52.7
Salty snacks	8.7	23.5	60.9	6.9
12–17 years, female				
Whole milk	31.3	31.3	28.9	8.5
Meat and poultry	48.7	40.6	9.9	0.8
Fish and shellfish	0.0	0.3	54.4	45.3
Eggs	0.7	16.5	55.8	27.0
All fruit and vegetables	52.7	31.6	15.7	0.0
Breads	69.1	18.8	12.0	0.0
Cereals	0.8	10.6	59.8	28.7
Desserts	14.5	29.1	53.6	2.8
Candy	16.3	32.5	33.9	17.3
Sweetened beverages[2]	25.7	24.2	47.1	3.0
Coffee and tea	3.7	9.3	36.6	50.4
Salty snacks	6.2	24.5	65.8	3.5

[1] Excludes children of other races.
[2] Does not include alcoholic beverages.

NOTE: Data are based on dietary interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics: Food consumption profiles of black and white persons aged 1–74 Years, United States 1971–74, by C. M. Dresser. *Vital and Health Statistics.* Series 11–No. 210. DHEW Pub. No. (PHS) 79–1658. Public Health Service. Washington. U.S. Government Printing Office, May 1979.

TABLE 34. Consumption of Selected Food Groups by Women 18–44 Years of Age, According to Frequency of Intake and Race: United States, 1971–74

Race[1] and Food Group	Total	Frequency During Preceding 3 Months					
		4 Times per Day or More	3 Times per Day	2 Times per Day	Once per Day	1–6 Times per Week	Seldom or Never
		Percent distribution					
White							
Whole milk	100.0	1.8	6.7	13.7	22.2	27.2	28.4
Skim milk	100.0	0.3	1.3	3.2	4.4	7.9	82.9
Meat and poultry	100.0	0.1	0.6	26.6	57.2	15.0	0.5
Fish and shellfish	100.0	0.0	0.0	0.0	0.9	55.2	43.8
Eggs	100.0	0.0	0.0	0.2	14.9	66.1	18.8
Cheese	100.0	0.1	0.1	0.9	12.4	71.8	14.7
Legumes, seeds, and nuts	100.0	0.0	0.0	0.5	4.5	53.8	41.1
Fruits and vegetables, all kinds	100.0	3.7	18.1	36.1	34.3	7.5	0.3
Fruits and vegetables rich in vitamin A	100.0	0.0	0.0	0.2	3.3	58.9	37.6
Fruits and vegetables rich in vitamin C	100.0	0.3	1.2	5.9	32.0	48.2	12.4
Bread	100.0	0.4	12.4	30.9	38.1	16.8	1.4
Cereals	100.0	0.0	0.0	0.1	7.5	39.2	53.1
Fats and oils	100.0	0.4	8.0	21.6	40.7	21.0	8.2
Desserts	100.0	0.2	0.7	6.3	24.2	52.9	15.7
Candy	100.0	0.1	0.2	0.8	9.9	45.0	43.9
Sweetened beverages[2]	100.0	1.9	3.5	8.5	21.5	34.9	29.7
Artificially sweetened beverages[2]	100.0	0.2	0.7	2.8	6.7	13.0	76.6
Coffee and tea	100.0	19.3	15.2	19.5	22.2	12.0	11.8
Salty snacks	100.0	0.1	0.1	0.4	7.4	54.5	37.5

Black							
Whole milk	100.0	0.9	3.8	5.9	18.1	35.7	35.5
Skim milk	100.0	0.0	0.4	0.8	1.7	9.4	87.7
Meat and poultry	100.0	0.3	3.9	34.0	45.1	16.0	0.7
Fish and shellfish	100.0	0.0	0.0	0.2	0.9	63.8	35.0
Eggs	100.0	0.1	0.1	0.2	20.6	58.1	20.8
Cheese	100.0	0.0	0.0	0.5	3.9	59.8	35.8
Legumes, seeds, and nuts	100.0	0.0	0.5	0.0	5.4	57.3	36.8
Fruits and vegetables, all kinds	100.0	3.2	11.3	28.5	39.1	17.0	1.0
Fruits and vegetables rich in vitamin A	100.0	0.0	0.3	1.3	6.9	69.2	22.2
Fruits and vegetables rich in vitamin C	100.0	0.3	1.5	5.4	25.8	52.5	14.6
Bread	100.0	1.2	18.9	31.3	27.3	20.3	1.0
Cereals	100.0	0.0	0.1	0.0	6.0	35.5	58.3
Fats and oils	100.0	0.0	5.7	10.3	39.3	31.3	13.4
Desserts	100.0	0.1	1.1	6.1	23.4	50.7	18.6
Candy	100.0	0.8	1.3	2.3	10.7	36.5	48.4
Sweetened beverages[2]	100.0	2.9	9.3	15.3	28.0	33.4	11.1
Artificially sweetened beverages[2]	100.0	0.0	0.2	1.2	3.4	7.3	88.0
Coffee and tea	100.0	4.8	6.6	13.4	30.9	21.6	22.6
Salty snacks	100.0	0.0	0.5	0.9	10.1	47.2	41.2

[1] Excludes women of other races.

[2] Does not include alcoholic beverages.

NOTE: Data are based on dietary interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics: Food consumption profiles of black and white persons aged 1–74 years, United States, 1971–74, by C. M. Dresser. *Vital and Health Statistics*, Series 11, No. 210. DHHS Pub. No. (PHS) 79–1658. Public Health Service. Washington: U.S. Government Printing Office, May 1979.

TABLE 35. Youths 12–17 Years of Age, According to Sex and Women 15–44 Years of Age on a Special Diet, by Reason for Diet, Kind of Diet, Sex, and Age: United States, 1971–74

			Reason for Diet				Kind of Diet				
Sex and Age	Population in Thousands	On a Special Diet	Weight Loss	Diabetes	Pregnancy	All Other	Low Calorie	Low Carbo-hydrate	Low Fat	Low Salt	All Other
			Percent of population				*Percent of population*				
Male											
12–17 years	12,422	0.9	0.2	0.0	...	0.6	0.2	0.2	0.3	0.1	0.7
Female											
12–17 years	12,043	5.2	3.1	0.6	0.4	1.5	2.8	0.9	1.5	0.4	1.7
15–44 years	44,532	10.2	6.4	0.4	0.6	3.6	5.5	2.2	3.0	1.2	3.5
15–19 years	9,790	7.8	5.4	0.3	0.5	1.9	4.6	1.2	2.6	0.4	2.4
20–24 years	9,215	8.6	5.8	0.3	1.2	2.0	5.0	1.9	2.0	1.2	2.7
25–34 years	13,933	10.9	7.1	0.3	0.9	3.5	6.4	2.5	3.4	1.3	3.5
35–44 years	11,593	12.7	6.7	0.8	0.1	6.7	5.8	2.8	3.7	1.9	5.2

NOTE: Data are based on interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Examination Statistics, National Center for Health Statistics: Data from the Health and Nutrition Examination Survey.

TABLE 36. Ever Use of Specified Substances by Youths 12–17 Years of Age, According to Type of Substance: United States, 1972–79, Selected Years

Type of Substance Ever Used	Year				
	1972	1974	1976	1977	1979
	Percent of youths				
Licit substances					
Alcohol	---	54.0	53.6	52.6	70.3
Cigarettes	---	52.0	45.5	47.3	54.1
Illicit substances					
Marihuana	14.0	23.0	22.4	28.0	30.9
Inhalants	6.4	8.5	8.1	9.0	9.8
Hallucinogens	4.8	6.0	5.1	4.6	7.1
Cocaine	1.5	3.6	3.4	4.0	5.4
Heroin	0.6	1.0	0.5	1.1	0.5
Nonmedical use of psychotropic drugs					
Stimulants	4.0	5.0	4.4	5.2	3.4
Sedatives	3.0	5.0	2.8	3.1	3.2
Tranquilizers	3.0	3.0	3.3	3.8	4.1
Analgesics	---	---	---	---	3.2

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Fishburne, P. M., H. I. Abelson, and I. Cisin. *National Survey on Drug Abuse: Main Findings, 1979.*Contract No. 27–78–3508. Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse, Rockville, Md., 1980.

TABLE 37. Ever Use and Recency of Use of Specified Substances by Persons 12–25 Years of Age, According to Age and Type of Substance: United States, 1979

Age and Type of Substance	Total Ever Used	Recency of Use		
		Past Month	Past Year, Not Past Month	Not Past Year[1]
	Percent of population			
12–17 years				
Licit substances				
Alcohol	70.3	37.2	16.4	16.9
Cigarettes	54.1	[2]12.1	[2]1.2	[2]2.0
Illicit substances				
Marihuana	30.9	16.7	7.4	6.7
Inhalants	9.8	2.0	2.6	5.1
Hallucinogens	7.1	2.2	2.5	2.4
Cocaine	5.4	1.4	2.8	1.4
Nonmedical use of psychotropic drugs				
Stimulants	3.4	1.2	1.7	0.6
Sedatives	3.2	1.1	1.1	0.9
Tranquilizers	4.1	0.6	2.1	1.3
Analgesics	3.2	0.6	1.6	1.0
18–25 years				
Licit substances				
Alcohol	95.3	75.9	10.7	8.7
Cigarettes	82.8	42.6	4.1	6.9
Illicit substances				
Marihuana	68.2	35.4	11.5	21.4
Inhalants	16.5	1.2	2.6	12.7
Hallucinogens	25.1	4.4	5.5	15.1
Cocaine	27.5	9.3	10.3	8.0
Nonmedical use of psychotropic drugs				
Stimulants	18.2	3.5	6.6	7.9
Sedatives	17.0	2.8	4.5	9.6
Tranquilizers	15.8	2.1	5.0	8.6
Analgesics	11.8	1.0	4.2	6.3

[1] Includes those for whom most recent use could not be identified.

[2] Recency of use was not asked of those youths (38.9 percent) who have smoked less than five packs of cigarettes during their lifetimes.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Fishburne, P. M., H. I. Abelson, and I. Cisin. *National Survey on Drug Abuse: Main Findings, 1979.* Contract No. 27-78-3508. Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse, Rockville, Md., 1980.

TABLE 38. Current[1] Cigarette Smoking by Youths 12–18 Years of Age, According to Age and Sex: United States, 1968–79 Selected Years

	Year				
Age and Sex	1968	1970	1972	1974	1979
	Percent of youths who are current smokers				
Total, 12–18 years					
Male	14.7	18.5	15.7	15.8	10.7
Female	8.4	11.9	13.3	15.3	12.7
12–14 years					
Male	2.9	5.7	4.6	4.2	3.2
Female	0.6	3.0	2.8	4.9	4.3
15–16 years					
Male	17.0	19.5	17.8	18.1	13.5
Female	9.6	14.4	16.3	20.2	11.8
17–18 years					
Male	30.2	37.3	30.2	31.0	19.3
Female	18.6	22.8	25.3	25.9	26.2

[1] Current smokers are defined as those who smoke one cigarette or more per week.

NOTE: Data are based on telephone interviews.

SOURCE: National Institute of Education: *Teenage Smoking: Immediate and Long Term Patterns.* Washington. U.S. Government Printing Office, Nov. 1979.

TABLE 39. Use of Specified Substances in the Past 30 Days by High School Seniors, According to Type of Substance: United States, 1975–79

Type of Substance	Class of 1975	1976	1977	1978	1979
	Percent of seniors reporting use in past 30 days				
Licit substances					
Alcohol	68.2	68.3	71.2	72.1	71.8
Cigarettes	36.7	38.8	38.4	36.7	34.4
Illicit substances					
Marihuana	27.1	32.2	35.4	37.1	36.5
Cocaine	1.9	2.0	2.9	3.9	5.7
Inhalants[1]	---	0.9	1.3	1.5	1.7
Hallucinogens[2]	4.7	3.4	4.1	3.9	4.0
Heroin	0.4	0.2	0.3	0.3	0.2
Other opiates[3]	2.1	2.0	2.8	2.1	2.4
Nonmedical use of psychotropic drugs[3]					
Stimulants	8.5	7.7	8.8	8.7	9.9
Sedatives	5.4	4.5	5.1	4.2	4.4
Tranquilizers	4.1	4.0	4.6	3.4	3.7

[1] When the percent of students reporting use of inhalants is adjusted for underreporting of amyl and butyl nitrites, the 1979 figure is 3.1.

[2] When the percent of students reporting use of hallucinogens is adjusted for underreporting of PCP, the 1979 figure is 5.5.

[3] Includes only drug use that was not under a physician's orders.

NOTE: Data are based on questionnaires administered in school to a sample of high school seniors.

SOURCE: Johnston, L. D., Bachman, J. G., and O'Malley, P. M.: *1979 Highlights, Drugs and the Nation's High School Students*. DHHS Pub. No. (ADM) 80-930. Alcohol, Drug Abuse, and Mental Health Administration. Rockville, Md., 1980.

TABLE 48. Ever Use and Recency of Use of Specified Substances by High School Seniors, According to Type of Substance: United States, 1979

Type of Substance	Ever Used	Recency of Use: Total	Past Month	Past Year, Not Past Month	Not Past Year	Never Used
	Percent	*Percent distribution*				
Licit substances						
Alcohol	93.0	100.0	71.8	16.3	4.9	7.0
Cigarettes	74.0	100.0	34.4	[1](39.6)		26.0
Illicit substances						
Marihuana	60.4	100.0	36.5	14.3	9.6	39.6
Cocaine	15.4	100.0	5.7	6.3	3.4	84.6
Inhalants	12.7	100.0	1.7	3.7	7.3	87.3
Adjusted[2]	18.7	100.0	3.1	6.1	9.5	81.3
Hallucinogens	14.1	100.0	4.0	5.9	4.2	85.9
Adjusted[3]	18.6	100.0	5.5	7.3	5.8	81.4
Heroin	1.1	100.0	0.2	0.3	0.6	98.9
Other opiates[4]	10.1	100.0	2.4	3.8	3.9	89.9
Nonmedical use of psychotropic drugs[4]						
Stimulants	24.2	100.0	9.9	8.4	5.9	75.8
Sedatives	14.6	100.0	4.4	5.5	4.7	85.4
Tranquilizers	16.3	100.0	3.7	5.9	6.7	83.7

[1] The combined total for the two columns is shown because the question asked did not distinguish between the two answer categories.
[2] Adjusted for underreporting of amyl and butyl nitrites.
[3] Adjusted for underreporting for PCP.
[4] Includes only drug use that was not under a physician's orders.

NOTE: Data are based on questionnaires administered in school to a sample of high school seniors.

SOURCE: Johnston, L. D., Bachman, J. G., and O'Malley, P. M.: *1979 Highlights, Drugs and the Nation's High School Students*. DHHS Pub. No. (ADM) 80–930. Alcohol, Drug Abuse, and Mental Health Administration. Rockville, Md., 1980.

TABLE 41. Population Served With Fluoridated Water, According to Type of Fluoridation, Division, and State: United States, 1975

Division and State	Population in Thousands	Type of Fluoridation: Both Types	Type of Fluoridation: Adjusted Water	Type of Fluoridation: Natural Water
		Percent of population		
United States	213,032	49.4	44.4	5.0
Northeast				
New England	12,187	41.4	41.3	0.1
Connecticut	3,100	79.0	78.9	0.0
Maine	1,058	39.9	39.9	–
Massachusetts	5,814	21.6	21.6	–
New Hampshire	812	13.1	11.3	1.8
Rhode Island	931	69.4	69.4	–
Vermont	472	36.7	36.7	–
Middle Atlantic	37,269	51.3	50.9	0.4
New Jersey	7,333	21.5	19.9	1.5
New York	18,076	66.7	66.5	0.1
Pennsylvania	11,860	46.2	46.2	–
North Central				
East North Central	40,945	66.1	62.1	4.0
Illinois	11,197	86.1	78.0	8.0
Indiana	5,313	61.1	56.8	4.3
Michigan	9,111	75.7	74.0	1.8
Ohio	10,735	41.5	39.5	2.0
Wisconsin	4,589	61.6	58.5	3.1
West North Central	16,690	55.0	50.5	4.5
Iowa	2,861	62.0	50.9	11.1
Kansas	2,280	51.2	44.7	6.5
Minnesota	3,921	71.0	71.0	0.1
Missouri	4,767	42.1	38.7	3.3
Nebraska	1,544	45.5	43.0	2.5
North Dakota	637	50.7	45.8	4.9
South Dakota	681	61.7	53.0	8.7
South				
South Atlantic	33,658	46.7	44.0	2.8
Delaware	579	39.2	38.7	0.3
District of Columbia	712	100.0	100.0	–
Florida	8,277	33.5	25.2	8.3
Georgia	4,931	40.5	40.1	0.4
Maryland	4,122	67.4	66.5	0.8
North Carolina	5,441	44.3	43.1	1.2
South Carolina	2,816	51.1	48.2	2.9
Virginia	4,961	49.8	49.1	0.7
West Virginia	1,799	50.5	50.4	0.0
East South Central	13,515	45.4	44.6	0.8
Alabama	3,615	31.0	30.0	0.9
Kentucky	3,387	50.2	49.8	0.4
Mississippi	2,341	24.5	22.1	2.4
Tennessee	4,173	65.7	65.7	–
West South Central	20,867	49.3	29.9	19.4
Arkansas	2,110	37.0	36.1	0.9
Louisiana	3,806	22.9	18.5	4.4
Oklahoma	2,715	62.2	51.5	10.8
Texas	12,237	56.7	27.6	29.1

TABLE 41. Population Served With Fluoridated Water, According to Type of Fluoridation, Division, and State: United States, 1975 (Cont.)

Division and State	Population in Thousands	Type of Fluoridation		
		Both Types	Adjusted Water	Natural Water
West				
Mountain	9,625	41.5	22.1	19.4
Arizona	2,212	29.3	6.7	22.6
Colorado	2,541	81.4	54.2	27.2
Idaho	813	32.1	5.9	26.1
Nevada	590	2.9	0.8	2.0
New Mexico	1,144	61.4	35.7	25.7
Utah	1,203	2.3	2.1	0.2
Wyoming	376	20.0	14.9	5.3
Pacific	28,274	22.5	18.2	4.3
Alaska	365	42.8	42.5	0.3
California	21,198	21.5	16.1	5.4
Hawaii	868	6.3	6.3	–
Oregon	2,284	10.5	9.3	1.2
Washington	3,559	38.4	37.2	1.2

NOTE: Data are based on reporting by State health officials. Water systems are considered to have dentally significant natural fluoridation if they have 0.7 parts per million or more naturally occurring fluoride. Adjusted water systems are fluoridated at the optimal level according to the average maximum local daily air temperature.

SOURCES: Center for Disease Control: *Fluoridation Census, 1975.* Public Health Service, DHEW. Atlanta, Ga., Apr. 1977; Division of Dental Health, Bureau of Health Manpower: *Fluoridation Census, 1967.* DHEW Pub. No. (NIH) 68–428. National Institutes of Health, Bethesda, Md., 1968; U.S. Bureau of Census: Population estimates and projections. *Current Population Reports.* Series P–25, Nos. 460 and 646. Washington. U.S. Government Printing Office, June 1971 and Feb. 1977.

TABLE 42. Children and Youths Under 18 Years of Age Living in Structures With Specified Interior or Structural Deficiencies, According to Selected Characteristics: United States, 1977

Characteristic	Population in Thousands	Interior or Structural Deficiency					
		Basement Leaks[2]	Roof Leaks	Cracks/Holes in Walls/Ceilings	Peeling Paint in Walls/Ceilings	Broken Plaster in Walls/Ceilings	Holes in Floors
		Percent of population					
Total under 18 years	64,291	12.8	7.5	7.3	5.1	4.6	2.8
Age							
Under 6 years	18,583	12.3	8.0	8.4	5.6	4.7	3.4
6–11 years	21,451	12.9	7.3	7.3	5.1	4.6	2.8
12–17 years	24,276	13.2	7.3	6.4	4.7	4.5	2.3
Sex							
Male	32,650	12.9	7.5	7.3	4.9	4.5	2.6
Female	31,653	12.8	7.5	7.3	5.3	4.7	2.9
Race							
White	53,873	13.6	6.6	5.5	4.1	3.6	1.9
All other	10,441	9.1	12.0	16.2	10.3	9.6	7.4
Black	9,125	9.3	12.9	17.1	10.5	10.2	8.0
Family income							
Under $5,000	6,594	10.2	13.2	16.8	11.3	9.6	8.2
$5,000–$9,999	10,696	9.6	12.4	13.8	8.9	7.7	5.9
$10,000–$14,999	12,528	13.1	7.6	7.6	5.0	5.6	2.5
$15,000–$24,999	20,550	13.9	5.2	3.9	2.8	2.5	1.0
$25,000 or more	13,566	14.8	4.4	2.4	2.5	2.0	0.6
Sex of householder							
Male head, wife present	52,321	13.1	6.8	5.5	4.0	3.6	2.0
Other male head	1,558	13.8	8.8	11.3	6.0	7.2	4.5
Female head	10,437	11.3	10.8	15.6	10.3	8.9	6.5

Education of householder							
8 years or less	8,785	9.5	12.8	14.7	10.2	9.9	6.8
9–11 years	10,504	9.9	9.2	10.9	6.9	7.3	4.4
12 years	23,513	13.9	6.3	6.1	4.3	3.7	2.1
13–15 years	10,062	12.9	6.1	5.1	3.3	2.3	1.3
16 years or more	11,466	15.9	5.5	2.6	2.7	1.9	0.9
Family size							
2 persons	1,587	10.9	7.8	9.9	5.7	5.0	3.6
3 persons	9,648	11.0	6.1	6.4	4.4	3.3	2.4
4 persons	19,492	12.8	6.1	5.1	3.3	2.9	2.0
5 persons	15,484	13.5	7.1	6.1	4.4	4.0	2.3
6 persons or more	18,117	13.5	10.1	10.8	7.8	7.5	4.2
Residence							
Inside SMSA[1]	44,411	12.7	6.8	7.0	4.9	4.3	2.3
Central cities of large SMSA	12,472	11.8	8.8	11.5	8.6	7.5	4.4
Suburbs of large SMSA	18,366	12.8	5.2	4.8	3.4	2.9	1.0
Outside SMSA	19,904	13.2	9.0	7.9	5.5	5.2	3.8
Region							
Northeast	13,818	23.3	8.3	8.9	7.1	6.0	2.6
North Central	17,163	20.3	6.4	5.9	4.3	4.3	1.5
South	21,756	5.0	8.6	8.2	5.2	4.8	4.5
West	11,589	4.0	6.1	5.7	3.6	3.0	1.5

[1] Includes only the 50 largest SMSA's.

[2] Asked only of those with basements but percent is based on total population.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: U.S. Bureau of the Census: Data from the 1977 Annual Housing Survey. Special tabulations prepared by the U.S. Bureau of the Census, Center for Demographic Studies.

TABLE 43. Children and Youths Under 18 Years of Age Living in Structures With Specified Plumbing Deficiencies and With Specified Water and Sewage Disposal Facilities, According to Selected Characteristics: United States, 1977

Characteristic	Population in Thousands	Plumbing Deficiencies		Water and Sewage Facilities	
		Total	Without Piped-In Water	Water Not Obtained From a System	Not Connected to a Public Sewer
		Percent of population			
Total under 18 years	64,291	2.1	0.9	21.8	34.0
Age					
Under 6 years	18,563	2.0	0.9	20.0	31.4
6–11 years	21,451	2.1	0.9	21.8	34.1
12–17 years	24,276	2.1	1.0	23.1	35.7
Sex					
Male	32,650	2.0	0.9	21.9	34.3
Female	31,653	2.1	1.0	21.5	33.6
Race					
White	53,873	1.3	0.5	23.9	37.0
All other	10,441	6.1	3.4	11.1	18.1
Black	9,125	7.0	3.9	11.7	19.0
Family income					
Under $5,000	6,594	7.6	3.9	21.1	31.8
$5,000–$9,999	10,696	4.9	2.2	23.0	34.7
$10,000–$14,999	12,528	1.7	0.5	23.4	35.5
$15,000–$24,999	20,550	0.4	0.2	22.1	34.9
$25,000 or more	13,566	0.1	0.1	19.0	31.4
Sex of householder					
Male head, wife present	52,321	1.7	0.7	23.9	36.9
Other male head	1,558	4.1	2.5	19.7	32.5
Female head	10,437	3.7	1.9	11.3	19.3
Education of householder					
8 years or less	8,785	9.0	4.2	28.5	40.9
9–11 years	10,504	3.1	1.4	23.9	36.1
12 years	23,513	0.8	0.3	23.3	35.6
13–15 years	10,062	0.3	0.1	18.2	30.3
16 years or more	11,466	0.1	0.0	14.5	26.5
Family size					
2 persons	[illegible],587	1.6	0.5	11.1	18.8
3 persons	9,64[illegible]	1.3	0.4	17.8	29.2
4 persons	19,492	1.2	0.6	20.8	34.0
5 persons	15,484	1.6	0.6	23.6	36.6
6 persons or more	18,117	3.9	1.9	24.3	35.5

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TABLE 43. Children and Youths Under 18 Years of Age Living in Structures With Specified Plumbing Deficiencies and With Specified Water and Sewage Disposal Facilities, According to Selected Characteristics: United States, 1977 (Cont.)

Characteristic	Population in Thousands	Plumbing Deficiencies		Water and Sewage Facilities	
		Total	Without Piped-in Water	Water Not Obtained From a System	Not Connected to a Public Sewer
		Percent of population			
Residence					
Inside SMSA[1]	44,411	0.8	0.3	14.1	24.3
Central cities of large SMSA	12,472	0.3	0.0	0.7	2.2
Suburbs of large SMSA	18,366	0.9	0.3	13.8	27.3
Outside SMSA	19,904	4.8	2.3	38.7	55.4
Region					
Northeast	13,818	0.7	0.1	20.6	34.0
North Central	17,163	0.9	0.3	27.1	32.8
South	21,756	4.9	2.4	24.4	41.4
West	11,589	0.1	0.1	10.1	21.7

[1] Includes only the 50 largest SMSA's.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: U.S. Bureau of the Census: Data from the 1977 Annual Housing Survey. Special tabulations prepared by the U.S. Bureau of the Census, Center for Demographic Studies.

TABLE 44. Children and Youths Under 18 Years of Age Living in Households that Reported Specified Conditions Existing in the Neighborhood, According to Selected Characteristics: United States, 1977

Characteristic	Population in Thousands	At Least One Condition	Condition								
			Poor Street Lighting	Street Noise	Heavy Traffic	Streets Needing Repair	Street Crime	Litter	Rundown Housing	Odors	Abandoned Structures
			Percent of population								
Total under 18 years	64,291	73.4	30.8	30.0	25.3	22.0	17.0	16.9	11.2	9.4	8.2
Age											
Under 6 years	18,583	75.1	31.0	32.0	25.0	21.6	17.1	18.1	12.5	10.0	8.9
6–11 years	21,451	72.7	31.2	29.2	25.4	21.8	17.1	17.0	11.0	9.9	8.2
12–17 years	24,276	72.7	30.3	29.2	25.6	22.5	16.9	15.9	10.4	8.5	7.7
Sex											
Male	32,650	73.7	31.0	30.3	25.8	22.4	17.3	16.9	11.4	9.5	8.2
Female	31,653	73.1	30.6	29.8	24.8	21.6	16.8	16.9	11.1	9.3	8.3
Race											
White	53,873	72.7	31.8	29.7	24.1	21.7	16.2	15.1	9.8	9.2	6.3
All other	10,441	77.0	25.7	31.8	31.7	23.4	21.6	26.1	18.6	10.4	18.5
Black	9,125	78.8	26.4	32.1	33.1	24.9	22.7	27.9	20.2	10.9	20.3
Family income											
Under $5,000	6,594	76.4	28.6	32.7	30.7	24.0	19.9	23.7	16.5	10.8	15.1
$5,000–$9,999	10,696	76.1	28.2	32.1	28.8	24.4	19.1	22.1	13.4	9.5	11.9
$15,000–$24,999	20,550	70.4	31.2	29.5	24.7	21.7	15.4	14.9	9.9	9.4	6.3
$25,000 or more	13,566	68.4	32.5	25.4	19.4	17.5	16.4	11.4	7.7	7.8	4.5
Sex of householder											
Male head, wife present	52,321	72.8	32.0	29.6	24.3	22.1	16.0	15.5	10.3	9.4	7.0
Other male head	1,558	75.0	27.0	30.1	25.4	22.9	18.0	17.1	9.9	8.6	9.5
Female head	10,437	76.2	25.2	32.2	30.3	21.3	22.3	23.9	15.8	9.5	14.4

Education of householder											
8 years or less	8,785	76.9	31.9	29.0	30.0	26.9	14.5	20.0	12.4	8.7	9.9
9–11 years	10,504	78.1	30.3	32.3	30.6	26.6	18.9	21.4	14.6	11.3	12.3
12 years	23,513	73.8	29.8	31.0	26.4	22.6	17.1	17.1	11.8	9.6	8.3
13–15 years	10,062	72.7	31.9	30.2	22.2	19.8	18.4	14.9	10.4	9.0	7.3
16 years or more	11,466	66.4	31.6	26.7	17.5	14.8	15.9	11.7	6.7	8.0	4.0
Family size											
2 persons	1,587	74.8	24.1	34.2	31.0	19.3	21.5	21.3	12.9	9.1	10.5
3 persons	9,648	74.4	29.7	33.0	26.8	20.7	18.8	18.6	11.8	9.5	7.8
4 persons	19,492	73.2	32.1	29.0	23.6	21.0	18.1	15.9	10.8	9.3	7.2
5 persons	15,484	71.8	30.4	28.6	23.4	22.0	16.0	15.7	11.1	8.9	7.5
6 persons or more	18,117	74.3	30.9	30.4	27.6	23.9	17.6	17.7	11.4	9.8	10.0
Residence											
Inside SMSA[1]	44,411	73.8	29.9	31.1	25.5	19.6	20.3	17.6	12.0	9.8	8.6
Central cities of large SMSA	12,472	75.5	18.9	35.0	31.1	19.0	26.6	24.7	16.8	11.9	15.3
Suburbs of large SMSA	18,366	71.1	32.1	29.5	22.6	17.3	17.8	13.2	9.5	8.6	4.9
Outside SMSA	19,904	72.6	32.8	27.7	25.0	27.4	9.7	15.4	9.5	8.5	7.4
Region											
Northeast	13,818	72.0	26.7	30.0	25.7	20.8	19.1	16.1	11.7	9.2	11.2
North Central	17,163	73.4	30.7	30.0	25.9	21.1	15.8	15.3	10.7	9.4	8.9
South	21,756	75.1	34.8	28.9	25.8	27.1	14.9	19.0	11.1	9.1	7.6
West	11,589	72.1	28.4	32.4	23.2	15.0	20.5	16.3	11.6	10.1	5.0

[1] Includes only the 50 largest SMSA's.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: U.S. Bureau of the Census: Data from the 1977 Annual Housing Survey. Special tabulations prepared by the U.S. Bureau of the Census, Center for Demographic Studies.

TABLE 45. Subject Areas Included in State School Health Education Programs, According to State: United States, 1978–79

State	Subject Area							
	Health Education	Family Life/ Sex Education	Venereal Disease	Drugs, Tobacco, Alcohol	Mental Health	Nutrition	Dental Health and Oral Hygiene	Growth and Development
Northeast								
New England								
Connecticut	...	...	...	M	...	...	...	...
Maine[1]	G	...	...	...	...	...	...	...
Massachusetts	...	...	...	...	M	M	M	...
New Hampshire	...	...	M	M	...	M	...	...
Rhode Island[2]	...	...	...	M	...	...	...	...
Vermont	...	...	...	M	...	...	...	...
Middle Atlantic								
New Jersey	G	O	O	M-S	O	O	O	O
New York	C-E	...	...	M	O	O	O	...
Pennsylvania	...	...	...	M	...	...	...	...
North Central								
East North Central								
Illinois	C	...	...	M	M	M	M	M
Indiana	...	...	...	M	...	...	...	...
Michigan	G	M	O	M	M	M	M	O
Ohio	...	...	M	M	...	...	...	...
Wisconsin	G	...	...	O	O	...	...	...
West North Central								
Iowa	...	...	M	M	...	...	...	...
Kansas[3]	...	...	...	...	...	...	...	...
Minnesota	...	O	O	M	O	O	O	O
Missouri	...	O	...	O	O	O	...	...
Nebraska	G	...	...	...	...	...	...	...
North Dakota	...	...	...	M	...	...	...	...
South Dakota[4]								

South								
South Atlantic								
Delaware	G	O	O	M	O	O	O	...
District of Columbia	...	M	M	M	M	M	M	M
Florida	C	O	M	M	M	M	M	M
Georgia	...	O	O	M	O	O	O	O
Maryland	G	M	...	M	...	...	...	...
North Carolina	G-E	O	O	M	O	O	O	O
South Carolina	C	O	O	M	O	O	O	O
Virginia	C	...	...	M	M	M	...	M
West Virginia[5]	...	...	...	...	...	...	...	...
East South Central								
Alabama[6]	...	...	...	M	...	...	...	...
Kentucky	G-E	O	...	M	O	O	...	...
Mississippi[7]	...	...	...	...	...	...	...	...
Tennessee	...	...	M	M	...	M	...	...
West South Central								
Arkansas	...	...	M	M	M	...	M	...
Louisiana	...	...	O	M-S	O	O	O	...
Oklahoma[8]	...	...	...	...	...	...	...	...
Texas	G	...	...	M	...	...	...	...
West								
Mountain								
Arizona	...	O	...	O	O	O	...	O
Colorado	G	...	...	M	...	...	...	...
Idaho	...	O	O	M	O	O	O	O
Montana	G	...	...	...	...	...	...	...
Nevada[9]	...	...	...	...	...	...	...	...
New Mexico	...	O	O	O	O	O	O	O
Utah	...	O	O	M	M	M	O	M
Wyoming[10]	...	...	...	...	...	...	...	...

TABLE 45. Subject Areas Included in State School Health Education Programs, According to State: United States, 1978–79 (Cont.)

State	Subject Area							
	Health Education	Family Life/ Sex Education	Venereal Disease	Drugs, Tobacco, Alcohol	Mental Health	Nutrition	Dental Health and Oral Hygiene	Growth and Development
Pacific								
Alaska[11]	G	...	...	...	...	...	...	...
California	G	O	M	M	O	O	O	O
Hawaii	G	M	M	M	O	M	M	M
Oregon	...	...	...	M	...	...	...	...
Washington	...	...	...	M	...	...	...	...

KEY: M = Mandated; O = Optional/Permissive; S = Secondary School Level; E = Elementary School Level; G = General (local option for selection of content and when offered); C = Comprehensive; specified content areas for each grade level.

[1] Subject offerings are option of local district.
[2] One hundred minutes of instruction in health and physical education per week is required for all students, K–12.
[3] Health education not required; one unit of physical education required to graduate of which one-half unit may be health education.
[4] No formal program at State level.
[5] Instruction in physical education and mental health required at junior high and high school levels.
[6] One semester of health education required for graduation.
[7] Health instruction required in grades 1–12; no specific requirements.
[8] Health education taught in conjunction with other subject areas; no special program exists.
[9] One half unit of health education required for graduation.
[10] Health education taught according to local education mandates.
[11] Health education not required; one unit of physical education required to graduate of which one-half may be health education.

NOTES: Data are based on reporting by States. Unless otherwise noted, programs refer to both elementary and secondary levels.

SOURCE: Castile, A. S., and Jerrick, S. J.: *School Health in America*, 2nd ed., A Survey of State School Health Programs. American School Health Association, Kent, Ohio. Center for Disease Control. Atlanta, Ga., Aug. 1979.

TABLE 46. Average Hours per Day Spent in Specified Activities and With Specified Companions by Children 6–12 Years of Age, According to Selected Characteristics:[1] United States, 1976

Characteristic	Activity[2]				Companion[3]		
	Viewing Television[4]	Homework	Reading for Pleasure	Chores	Friends	Parents	Self
	Average hours per day						
Total 6–12 years	2.1	0.8	0.6	0.5	1.6	1.2	0.6
Age							
Late 6 years	1.8	0.4	0.6	0.5	1.5	1.4	0.7
7 years	2.1	0.5	0.6	0.4	1.6	1.1	0.6
8 years	2.1	0.7	0.7	0.4	1.6	1.2	0.6
9 years	2.0	0.8	0.6	0.5	1.5	1.2	0.6
10 years	2.1	0.9	0.7	0.6	1.5	1.1	0.6
11 years	2.2	1.0	0.6	0.6	1.5	1.2	0.5
Early 12 years	2.4	1.0	0.8	0.5	1.5	1.0	0.5
Sex							
Male	2.1	0.7	0.6	0.5	1.6	1.2	0.6
Female	2.1	0.8	0.7	0.6	1.5	1.1	0.6
Race							
White	2.1	0.7	0.6	0.5	1.6	1.2	0.6
Black	2.2	1.0	0.7	0.7	1.4	1.2	0.6
Other	2.4	0.8	0.8	0.6	1.1	1.1	0.7
Family income							
Under $5,000	2.3	0.7	0.7	0.6	1.7	1.3	0.7
$5,000–$9,999	2.1	0.7	0.6	0.5	1.6	1.0	0.6
$10,000–$14,999	2.0	0.8	0.6	0.5	1.6	1.2	0.6
$15,000 or more	2.1	0.8	0.6	0.5	1.5	1.2	0.6

TABLE 46. Average Hours per Day Spent in Specified Activities and With Specified Companions by Children 6–12 Years of Age, According to Selected Characteristics:[1] United States, 1976 (Cont.)

Characteristic	Activity[2]				Companion[3]		
	Viewing Television[4]	Homework	Reading for Pleasure	Chores	Friends	Parents	Self
	Average hours per day						
Education of most educated parent							
8 years or less	2.3	0.8	0.5	0.6	1.6	1.1	0.6
9–11 years	2.1	0.8	0.6	0.5	1.7	1.1	0.6
12 years	2.2	0.8	0.6	0.5	1.5	1.2	0.6
13–15 years	2.1	0.8	0.7	0.5	1.5	1.2	0.6
16 years or more	1.9	0.7	0.7	0.4	1.5	1.1	0.6
Number of children in family							
1 child	2.2	0.9	0.6	0.5	1.5	1.3	1.0
2 children	2.2	0.8	0.7	0.5	1.5	1.3	0.7
3 children	2.1	0.8	0.6	0.5	1.5	1.1	0.6
4 children or more	2.0	0.8	0.6	0.5	1.6	1.1	0.5
Community type and population size							
Within SMSA							
Central city							
1,000,000 or more	2.1	0.9	0.6	0.6	1.7	1.2	0.6
250,000–999,999	2.0	0.7	0.6	0.5	1.5	1.1	0.6
50,000–249,999	2.1	0.7	0.5	0.4	2.0	0.9	0.3
Suburbs							
Affluent	2.0	0.7	0.5	0.4	1.7	1.1	0.6
Nonaffluent	2.1	0.8	0.7	0.5	1.7	1.3	0.6
Outside SMSA							
Cities and towns	2.2	0.8	0.6	0.5	1.6	1.1	0.6
Rural	2.2	0.7	0.6	0.6	1.0	1.2	0.6

Region							
Northeast	2.1	0.8	0.7	0.5	1.5	1.2	0.6
North Central	2.0	0.9	0.5	0.5	1.6	1.1	0.6
South	2.2	0.7	0.7	0.6	1.5	1.1	0.6
West	2.2	0.6	0.6	0.6	1.8	1.2	0.5

[1] Estimates for each characteristic are adjusted to simultaneously partial out the effects of all other characteristics.
[2] Activities are not mutually exclusive.
[3] Time spent with companions may be while engaged in any of the specified activities.
[4] Refers only to hours actually spent watching television, not hours television set is turned on.

NOTE: Data are based on household interviews of a sample of parents of elementary-school-age children.

SOURCE: The 1976 National Survey of Children: Special tabulations prepared by Child Trends, Inc., Washington, D.C., 1980.

TABLE 47. Infants Weighing 2,500 Grams or Less at Birth, According to Color or Race, Division, and State: United States, 1965–67, 1970–72, and 1975–77 Annual Averages

Division and State	1965–67			1970–72			1975–77		
	Total	White	All Other[1]	Total[2]	White	Black	Total[2]	White	Black
	Percent of live births								
United States	8.3	7.2	13.7	7.8	6.6	13.6	7.2	6.1	13.3
Northeast									
New England	7.9	7.6	14.2	7.2	6.8	14.1	6.6	6.2	12.3
Connecticut	8.4	7.7	15.1	7.6	6.8	14.3	7.0	6.2	13.7
Maine	7.4	7.4	13.2	6.8	6.7	*9.3	5.7	5.7	*6.7
Massachusetts	7.8	7.5	13.3	7.2	6.8	13.6	6.5	6.2	11.1
New Hampshire	7.6	7.5	*9.3	6.8	6.7	*10.0	6.2	6.2	*7.7
Rhode Island	8.3	7.9	14.7	7.3	6.7	17.2	6.8	6.4	13.2
Vermont	7.8	7.8	*2.7	7.1	7.0	*14.5	6.5	6.5	*12.5
Middle Atlantic	8.6	7.4	15.5	8.2	6.9	14.4	7.7	6.4	13.4
New Jersey	8.4	7.1	15.0	8.1	6.7	14.6	7.6	6.2	13.6
New York	9.0	7.7	15.2	8.4	7.2	14.2	8.0	6.6	13.2
Pennsylvania	8.1	7.0	16.6	7.7	6.7	14.8	7.2	6.2	13.9
North Central									
East North Central	7.8	6.9	14.5	7.5	6.4	13.9	7.0	5.9	13.4
Illinois	8.2	6.8	14.4	8.0	6.4	14.2	7.6	5.9	13.8
Indiana	7.6	6.9	14.0	6.9	6.4	12.1	6.5	5.8	11.9
Michigan	7.9	6.9	14.6	7.8	6.5	14.4	7.4	6.1	13.7
Ohio	7.9	7.1	15.0	7.5	6.6	13.8	7.0	6.1	13.2
Wisconsin	6.9	6.5	13.5	6.4	6.1	12.5	5.8	5.3	12.6
West North Central	6.9	6.4	13.1	6.6	6.1	13.3	6.1	5.6	13.2
Iowa	6.2	6.1	13.3	6.1	5.9	12.9	5.6	5.5	10.8
Kansas	7.0	6.6	12.9	6.8	6.3	12.7	6.5	5.9	13.4
Minnesota	6.3	6.2	9.7	6.1	5.9	12.5	5.4	5.2	12.0

Missouri	7.9	6.6	14.7	7.5	6.4	13.5	7.1	5.9	13.7
Nebraska	6.8	6.5	12.8	6.6	6.3	12.8	5.8	5.5	11.9
North Dakota	6.4	6.4	7.0	5.7	5.7	10.1	5.2	5.0	11.8
South Dakota	6.3	6.1	7.4	6.0	5.9	*9.4	5.5	5.3	*8.7
South									
South Atlantic	9.4	7.5	13.7	8.7	6.9	13.5	8.2	6.3	12.9
Delaware	9.0	7.3	15.7	8.3	6.4	15.5	7.9	6.2	13.8
District of Columbia	13.0	7.4	14.5	12.6	7.1	13.5	12.6	6.6	13.8
Florida	9.2	7.5	13.7	8.4	6.8	13.1	7.9	6.3	12.7
Georgia	9.6	7.3	13.7	9.1	7.0	13.5	8.7	6.4	12.9
Maryland	9.2	7.5	15.1	8.1	6.5	13.4	7.9	5.9	13.2
North Carolina	9.4	7.7	13.3	8.9	7.0	13.9	8.3	6.3	12.9
South Carolina	9.7	7.6	12.7	9.1	6.8	12.9	9.0	6.3	13.0
Virginia	8.9	7.4	13.4	8.3	6.8	13.6	7.5	6.1	12.4
West Virginia	8.4	8.2	13.7	7.8	7.5	13.2	7.1	7.0	10.8
East South Central	9.0	7.4	13.0	8.5	6.9	12.8	8.0	6.4	12.3
Alabama	9.0	7.1	12.4	8.7	6.7	12.7	8.2	6.2	11.9
Kentucky	8.3	7.7	14.2	7.8	7.2	13.4	7.2	6.6	12.6
Mississippi	9.7	6.8	12.3	9.3	6.6	12.4	9.1	6.3	12.3
Tennessee	9.1	7.5	14.9	8.3	6.9	13.6	7.9	6.5	12.9
West South Central	8.7	7.3	13.8	8.2	6.8	13.6	7.8	6.5	13.2
Arkansas	8.8	7.4	12.1	7.9	6.6	12.0	8.0	6.4	12.7
Louisiana	10.1	7.1	14.6	9.3	6.7	13.6	8.9	6.3	12.8
Oklahoma	7.7	7.0	11.4	7.7	7.0	14.9	7.8	6.8	13.3
Texas	8.4	7.4	14.0	8.0	6.9	13.9	7.5	6.5	13.5
West									
Mountain	8.8	8.5	11.1	7.9	7.7	14.3	7.1	6.9	13.3
Arizona	7.8	7.4	9.9	7.0	6.8	11.9	6.4	6.2	11.7
Colorado	10.4	10.1	15.8	9.4	9.1	15.2	8.7	8.4	14.6
Idaho	7.2	7.2	10.0	6.5	6.5	*5.7	5.7	5.7	*6.9
Montana	8.0	8.0	8.5	7.5	7.5	14.9	6.7	6.5	*10.0
Nevada	9.5	8.9	13.0	9.1	8.1	16.8	7.5	6.7	13.8
New Mexico	10.1	10.0	11.0	9.2	9.2	15.4	8.4	8.5	12.5

TABLE 47. Infants Weighing 2,500 Grams or Less at Birth, According to Color or Race, Division, and State: United States, 1965–67, 1970–72, and 1975–77 Annual Averages (Cont.)

	1965–67			1970–72			1975–77		
Division and State	Total	White	All Other[1]	Total[2]	White	Black	Total[2]	White	Black
	Percent of live births								
Utah	7.1	7.0	10.6	6.4	6.3	10.8	5.4	5.4	15.1
Wyoming	9.2	9.0	12.9	9.1	8.9	18.8	8.7	8.5	16.4
Pacific	7.4	6.7	11.3	6.6	6.0	12.3	6.1	5.4	11.5
Alaska	7.1	6.3	8.7	6.3	6.0	10.3	5.4	5.0	9.1
California	7.5	6.8	12.0	6.7	6.0	12.2	6.1	5.5	11.6
Hawaii	9.0	7.5	9.6	8.1	6.4	11.6	7.6	6.0	9.3
Oregon	6.3	6.1	10.8	5.9	5.7	14.0	5.4	5.3	11.6
Washington	6.8	6.5	10.9	6.4	6.1	12.6	5.6	5.3	9.8

[1] Data by birth weight for the black population not available for these years. Overall, 91 percent of the births for the 3-year period in the "all other" color category were black. In the Middle Atlantic, East North Central, South Atlantic, East South Central, and West South Central divisions, more than 95 percent of the births in the "all other" color category were black. However, in the Mountain and Pacific States most of the births in the "all other" color category were not black. In recent years the proportion of infants other than black who were low-birth-weight infants has been similar to that of white infants. Therefore all other may not be comparable to black, making a trend difficult to interpret.

[2] Includes all other races not shown as a separate category.

NOTE: Data are based on the national vital registration system.

SOURCE: National Center for Health Statistics: *Health United States, 1979.* DHEW Pub. No. (PHS) 80–1232. Public Health Service. Washington. U.S. Government Printing Office, 1980.

TABLE 48. Infants Weighing 2,500 Grams or Less at Birth, According to Age, Race, and Education of Mother and Trimester Prenatal Care Began: United States, Reporting Areas, 1977

Race and Education of Mother, and Trimester Prenatal Care Began	Age of Mother							
	All Ages		Under 18 Years		18–39 Years		40 Years or More	
	Number of Births in Thousands	Percent Weighing 2,500 Grams or Less	Number of Births in Thousands	Percent Weighing 2,500 Grams or Less	Number of Births in Thousands	Percent Weighing 2,500 Grams or Less	Number of Births in Thousands	Percent Weighing 2,500 Grams or Less
Total[1]	3,327	7.1	225	11.0	3,076	6.8	25	9.0
Race								
White	2,691	5.9	143	8.8	2,528	5.7	20	8.1
Black	544	12.8	78	15.2	462	12.4	5	13.1
Education[1]								
8 years or less	126	9.6	25	12.6	98	8.8	3	9.9
9–12 years	1,697	7.8	148	11.1	1,538	7.5	11	9.7
13 years or more	741	5.3	*	*	736	5.3	5	6.6
Trimester prenatal care began[1,2]								
First	2,152	6.3	90	10.4	2,048	6.1	14	8.4
Second	592	8.2	79	10.5	507	7.9	6	9.3
Third and no care	583	8.7	56	12.7	521	8.3	6	10.2

[1] Includes other races not shown as a separate category and 16,485 births for which birth weights were not reported.

[2] Includes 12,766 births to women who reside in States that did not require reporting of month prenatal care began, but which occurred in States where reporting was required. In 1977, 44 States and the District of Columbia required reporting of month prenatal care began. States not requiring were Alaska, Arkansas, Idaho, New Mexico, Pennsylvania, and Virginia.

NOTE: Data are based on the national vital registration system.

SOURCE: Division of Vital Statistics, National Center for Health Statistics: Selected data. Special tabulations prepared by Information Sciences Research Institute, Silver Spring, Md., Mar. 1980.

TABLE 49. Height of Children and Youths 2–17 Years of Age at Selected Percentiles of the Height Distribution, According to Sex and Age: United States

	Male			Female		
	Percentile			Percentile		
Age[1]	10th	50th	90th	10th	50th	90th
	Height in inches at percentile shown					
2 years	32.9	34.2	36.2	32.3	34.2	36.2
3 years	35.6	37.4	39.4	35.2	37.0	39.0
4 years	38.3	40.5	42.6	38.0	40.0	42.0
5 years	40.8	43.3	45.4	40.4	42.7	44.8
6 years	43.1	45.7	48.0	42.7	45.1	47.6
7 years	45.3	47.9	50.4	44.7	47.5	50.2
8 years	47.3	50.0	52.6	46.7	49.8	52.8
9 years	49.3	52.0	54.9	48.8	52.0	55.4
10 years	51.2	54.1	57.3	51.0	54.4	58.0
11 years	53.2	56.4	59.9	53.4	57.0	60.5
12 years	55.2	58.9	62.8	56.0	59.6	63.0
13 years	57.4	61.6	65.7	58.3	61.8	65.1
14 years	59.8	64.2	68.4	59.6	63.1	66.4
15 years	62.3	66.5	70.4	60.3	63.7	67.1
16 years	64.5	68.3	71.8	60.7	63.9	67.4
17 years	66.0	69.4	72.6	61.1	64.2	67.4

[1] Includes only children with birthday age plus or minus 3 months; all other children excluded from table.

NOTES: Data are based on physical examinations of samples of the civilian noninstitutionalized population. Figures are smoothed values of standing height. Data from the Health Examination Survey, Cycles II and III, 1963–65 and 1966–68, and the Health and Nutrition Examination Survey, Cycle I, 1971–74.

SOURCE: National Center for Health Statistics: *Health, United States, 1976–1977*. DHEW Pub. No. (HRA) 77–1232. Health Resources Administration. Washington. U.S. Government Printing Office, 1977.

TABLE 50. Weight of Children and Youths 2–17 Years of Age at Selected Percentiles of the Weight Distribution, According to Sex and Age: United States

	Male			Female		
	Percentile			Percentile		
Age[1]	10th	50th	90th	10th	50th	90th
	Weight in pounds at percentile shown					
2 years	24.16	27.20	31.70	22.75	26.01	29.94
3 years	27.73	32.23	37.36	27.03	31.08	36.46
4 years	31.39	36.80	42.59	30.51	35.18	41.73
5 years	35.18	41.16	47.84	33.64	38.93	46.80
6 years	39.06	45.61	53.59	36.86	43.03	52.67
7 years	43.05	50.38	60.32	40.54	48.15	60.38
8 years	47.16	55.78	68.48	45.08	54.76	70.64
9 years	51.43	62.02	78.42	50.53	62.74	82.89
10 years	56.26	69.31	89.95	56.79	71.76	96.34
11 years	62.10	77.82	102.67	63.87	81.46	110.14
12 years	69.36	87.70	116.25	71.72	91.56	123.44
13 years	78.48	99.10	130.34	80.14	101.63	135.47
14 years	89.60	111.93	144.56	88.43	110.85	145.59
15 years	101.54	125.02	158.53	95.64	118.34	153.31
16 years	112.79	136.91	171.89	100.93	123.22	158.03
17 years	121.87	146.19	184.26	103.70	124.98	159.57

[1] Includes only children with birthday age plus or minus 3 months; all other children excluded from table.

NOTES: Data are based on physical examinations of samples of the civilian noninstitutionalized population. Figures are smoothed weight values. Data from the Health Examination Survey, Cycles II and III, 1963–65 and 1966–68, and the Health and Nutrition Examination Survey, Cycle I, 1971–74.

SOURCE: National Center for Health Statistics: *Health, United States, 1976–1977*. DHEW Pub. No. (HRA) 77–1232. Health Resources Administration. Washington. U.S. Government Printing Office, 1977.

TABLE 51. Parental Assessment of Health of Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average

		Perceived Level of Health			
Characteristic	Population in Thousands	Total	Excellent	Good	Fair or Poor
			Percent distribution		
Total under 18 years[1]	65,722	100.0	59.4	36.2	4.4
Age					
Under 6 years	19,217	100.0	60.5	35.0	4.5
6–11 years	21,471	100.0	59.1	36.8	4.1
12–17 years	25,034	100.0	58.9	36.6	4.5
Sex					
Male	33,436	100.0	60.0	35.8	4.3
Female	32,286	100.0	58.9	36.6	4.5
Race					
White	54,967	100.0	62.6	33.6	3.8
Black	9,831	100.0	42.1	50.1	7.8
Other	924	100.0	53.9	42.5	3.7
Family income					
Under $5,000	7,707	100.0	41.7	49.5	8.8
$5,000–$9,999	13,634	100.0	50.5	44.1	5.5
$10,000–$14,999	15,647	100.0	61.3	34.8	3.9
$15,000 or more	23,776	100.0	70.3	27.3	2.5
Parental presence					
Both parents present	52,732	100.0	62.2	34.3	3.6
Mother only present	10,126	100.0	48.1	44.0	7.9
Neither parent present	2,204	100.0	45.9	46.3	7.8
Education of family head					
8 years or less	10,945	100.0	41.6	51.1	7.4
9–11 years	11,552	100.0	49.6	44.4	6.0
12 years	23,053	100.0	61.9	34.3	3.7
13–15 years	8,946	100.0	69.2	27.9	2.9
16 years or more	10,578	100.0	76.0	22.0	2.0
Family size					
3 persons or fewer	11,593	100.0	59.9	34.9	5.3
4 persons	18,842	100.0	61.8	34.2	4.0
5 persons	15,228	100.0	63.1	33.2	3.8
6 or more persons	20,059	100.0	54.2	41.1	4.7
Residence					
Within SMSA	47,907	100.0	60.5	35.3	4.2
Large SMSA	26,192	100.0	61.7	34.3	4.1
Core counties	17,203	100.0	59.1	36.3	4.6
Fringe counties	8,989	100.0	66.5	30.4	3.2
Medium SMSA	15,196	100.0	59.7	35.8	4.5
Other SMSA	6,519	100.0	57.9	38.0	4.1
Outside SMSA	17,815	100.0	56.5	38.7	4.8
Adjacent to SMSA	11,795	100.0	57.3	38.0	4.7
Not adjacent to SMSA	6,020	100.0	54.8	40.1	5.1

TABLE 51. Parental Assessment of Health of Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average (Cont.)

Characteristic	Population In Thousands	Perceived Level of Health: Total	Excellent	Good	Fair or Poor
Region					
Northeast	14,700	100.0	60.9	35.4	3.7
North Central	17,545	100.0	60.7	35.5	3.7
South	21,644	100.0	55.0	39.5	5.4
West	11,833	100.0	63.7	32.0	4.3

[1] Includes children living with father only, and with unknown family income and education of head, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 52. Limitation of Activity Among Children and Youths Under 18 Years of Age, According to Degree of Limitation and Selected Characteristics: United States, 1975–76 Annual Average

Characteristic	Population in Thousands	Total	Not Limited in Activity	Degree of Activity Limitation		
				Limited, but not in Major Activity	Limited in Amount or Kind of Major Activity	Unable to Carry on Major Activity
				Percent distribution		
Total under 18 years[1]	65,722	100.0	96.2	1.9	1.7	0.2
Age						
Under 6 years	19,217	100.0	97.6	0.0	2.0	0.4
6–11 years	21,471	100.0	96.0	2.3	1.6	0.0
12–17 years	25,034	100.0	95.3	3.0	1.6	0.1
Sex						
Male	33,436	100.0	95.9	2.1	1.9	0.2
Female	32,286	100.0	96.5	1.7	1.6	0.2
Race						
White	54,967	100.0	96.1	2.0	1.7	0.2
Black	9,831	100.0	96.4	1.4	2.0	0.2
Other	924	100.0	97.9	1.1	1.0	0.1
Family income						
Under $5,000	7,707	100.0	94.8	2.1	2.8	0.3
$5,000–$9,999	13,634	100.0	95.9	1.9	1.9	0.3
$10,000–$14,999	15,647	100.0	96.3	1.9	1.6	0.1
$15,000 or more	23,776	100.0	96.6	1.9	1.4	0.1
Parental presence						
Both parents present	52,732	100.0	96.5	1.9	1.5	0.2
Mother only present	10,126	100.0	94.9	2.2	2.7	0.2
Neither parent present	2,204	100.0	95.0	2.0	2.5	0.5

Education of family head						
8 years or less	10,945	100.0	96.0	1.8	1.9	0.3
9–11 years	11,552	100.0	95.9	2.1	1.9	0.2
12 years	23,053	100.0	96.1	1.9	1.8	0.2
13–15 years	8,946	100.0	96.2	2.0	1.6	0.2
16 years or more	10,578	100.0	97.0	1.7	1.3	0.1
Family size						
3 persons or fewer	11,593	100.0	95.4	2.1	2.3	0.2
4 persons	18,842	100.0	96.3	1.8	1.8	0.2
5 persons	15,228	100.0	96.3	1.9	1.6	0.2
6 or more persons	20,059	100.0	96.5	1.9	1.4	0.2
Residence						
Within SMSA	47,907	100.0	96.2	1.8	1.8	0.2
Large SMSA	26,192	100.0	96.2	1.8	1.9	0.2
Core counties	17,203	100.0	96.0	1.8	2.1	0.2
Fringe counties	8,989	100.0	96.6	1.8	1.5	0.2
Medium SMSA	15,196	100.0	96.1	1.8	1.9	0.2
Other SMSA	6,519	100.0	96.5	1.9	1.4	0.2
Outside SMSA	17,815	100.0	96.2	2.2	1.4	0.2
Adjacent to SMSA	11,795	100.0	96.2	2.1	1.5	0.2
Not adjacent to SMSA	6,020	100.0	96.2	2.2	1.3	0.2
Region						
Northeast	14,700	100.0	95.9	2.1	1.9	0.2
North Central	17,545	100.0	96.4	1.8	1.6	0.1
South	21,644	100.0	96.5	1.6	1.6	0.3
West	11,833	100.0	95.6	2.3	1.9	0.2

[1] Includes children living with father only, and with unknown family income and education of head, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 53. Selected Chronic Conditions Causing Limitation of Activity Among Children and Youths Under 17 Years of Age, According to Degree of Limitation: United States, 1976

	Degree of Activity Limitation			
Chronic Condition	Total Limited	Limited, but Not in Major Activity	Limited in Amount or Kind of Major Activity	Unable to Carry on Major Activity
	Number of persons			
Total under 17 years limited in activity	2,266,695	1,087,587	1,058,928	120,180
	Percent of population in limitation category limited because of specified condition			
Arthritis and rheumatism	*1.0	*1.3	*0.7	*1.7
Heart conditions	2.4	*3.0	*1.9	*1.4
Hypertension without heart involvement	*0.3	*0.5	*0.2	*–
Diabetes	*1.0	*1.4	*0.7	*–
Mental and nervous conditions	6.7	6.1	7.5	*5.7
Asthma	20.1	19.1	22.6	*7.1
Impairments of back or spine	3.2	5.4	*0.7	*4.2
Impairments of lower extremities and hips	6.9	9.3	4.2	*9.0
Visual impairments	3.7	4.3	*1.7	*15.1
Hearing impairments	5.2	5.6	4.9	*3.2

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics: *Health United States, 1978*. DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 54. Disability Days Among Children and Youths Under 18 Years of Age, According to Type of Disability Day and Selected Characteristics: United States, 1975–76 Annual Average

Characteristic	Population in Thousands	Population 6–16 Years in Thousands	Type of Disability Day		
			Restricted Activity	Bed	School Loss[1]
			Days per person per year		
Total under 18 years[2]	65,722	42,201	11.0	4.8	5.2
Age					
Under 6 years	19,217	...	12.3	5.0	...
6–11 years	21,471	21,471	10.6	4.8	5.5
12–17 years	25,034	20,729	10.3	4.5	4.8
Sex					
Male	33,436	21,469	10.8	4.5	4.8
Female	32,286	20,732	11.2	5.1	5.5
Race					
White	54,967	35,419	11.4	4.9	5.3
Black	9,831	6,272	8.7	4.2	4.1
Other	924	509	9.7	5.4	6.0
Family income					
Under $5,000	7,707	4,483	13.2	6.0	6.6
$5,000–$9,999	13,634	8,304	11.3	5.0	5.8
$10,000–$14,999	15,647	9,653	10.9	4.3	4.9
$15,000 or more	23,776	16,457	10.3	4.5	4.7
Parental presence					
Both parents present	52,732	33,755	10.7	4.5	5.0
Mother only present	10,126	6,645	12.6	5.9	6.2
Neither parent present	2,204	1,268	12.7	5.8	5.9
Education of family head					
8 years or less	10,945	7,600	10.6	4.7	5.8
9–11 years	11,552	7,515	11.5	5.0	5.3
12 years	23,053	14,566	10.7	4.8	5.0
13–15 years	8,946	5,473	11.0	4.8	4.7
16 years or more	10,578	6,622	11.1	4.5	4.9
Family size					
3 persons or fewer	11,593	5,572	13.2	5.6	6.0
4 persons	18,842	11,023	12.1	5.0	5.6
5 persons	15,228	10,667	10.9	4.5	5.2
6 or more persons	20,059	14,938	8.8	4.3	4.5
Residence					
Within SMSA	47,907	30,609	11.4	5.0	5.4
Large SMSA	20,192	16,917	11.2	4.8	5.3
Core counties	17,203	10,939	11.5	5.1	5.5
Fringe counties	8,989	5,978	10.7	4.2	5.0
Medium SMSA	15,196	9,562	11.3	4.9	5.4
Other SMSA	6,519	4,130	12.0	5.8	6.0
Outside SMSA	17,815	11,592	10.0	4.2	4.5
Adjacent to SMSA	11,795	7,702	10.5	4.4	4.5
Not adjacent to SMSA	6,020	3,890	9.0	4.0	4.4

TABLE 54. Disability Days Among Children and Youths Under 18 Years of Age, According to Type of Disability Day and Selected Characteristics: United States, 1975–76 Annual Average (Cont.)

Characteristic	Population in Thousands	Population 6–16 Years in Thousands	Type of Disability Day: Restricted Activity	Bed	School Loss[1]
Region					
Northeast	14,700	9,661	11.5	5.0	5.8
North Central	17,545	11,202	10.2	4.5	4.6
South	21,644	13,848	9.6	4.2	4.5
West	11,833	7,490	14.1	6.0	6.4

[1] School-loss days relate only to children and youths 6–16 years of age.

[2] Includes children living with father only, and with unknown family income and education of head, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 55. Incidence of Acute Conditions Among Children and Youths Under 17 Years of Age, According to Condition, Sex, Usual Activity, and Family Income: United States, 1976

Sex, Usual Activity, and Family Income	All Acute Conditions	Acute Condition							
		Respiratory							
		Total	Upper	Influenza	Other[1]	Injuries	Infective and Parasitic Diseases	Digestive System Conditions	All Other
		Acute conditions per 100 persons per year							
Total under 17 years[2]	307.8	169.8	98.2	61.1	10.4	37.0	45.4	15.1	40.5
Sex and usual activity									
Male	304.8	159.1	91.2	57.5	10.4	44.5	47.4	15.4	38.4
Working or going to school	268.8	140.1	73.7	58.8	7.7	43.5	40.6	17.4	27.2
All other activities[3]	381.6	199.8	128.7	54.8	16.2	46.6	61.8	11.1	62.3
Female	310.9	180.9	105.5	64.9	10.5	29.2	43.4	14.7	42.7
Working or going to school	283.2	169.1	91.2	67.9	10.0	26.4	36.0	15.8	35.8
All other activities[3]	370.4	206.1	136.1	58.5	11.6	35.1	59.3	12.4	57.5
Family income									
Less than $5,000	316.1	179.8	112.2	56.3	11.4	30.9	48.1	15.6	41.7
$5,000-$9,999	291.9	156.1	92.4	56.2	7.5	35.3	46.7	17.4	36.5
$10,000-$14,999	311.6	173.3	92.2	66.4	14.7	37.6	46.4	11.9	42.5
$15,000 or more	321.8	175.1	103.1	62.1	9.8	41.1	48.3	15.1	42.2

[1] Includes pneumonia, bronchitis, and other respiratory conditions not shown as separate categories.

[2] Includes children with unknown family income and unknown usual activity, not shown as separate categories.

[3] Includes persons keeping house (women only), persons with other activities not specified (both sexes), and persons under 6 years of age for whom no activity is specified.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 56. Ranking of Top 10 Consumer Products Associated With Injuries to Children and Youths Treated in Hospital Emergency Rooms and Estimated Number of Such Product-Related Injuries per 100,000 Children and Youths Under 15 Years of Age, According to Age and Product: United States, 1979–80

	Age			
	0–4 Years		5–14 Years	
Rank	Product and Code	Injuries per 100,000 Population	Product and Code	Injuries per 100,000 Population
1	Tables all types (4001, 6, 7, 12, 31, 44, 46)	666.3	Bicycles and accessories (02)	876.7
2	Stairs (including folding), steps, ramps, and landings (40, 42–43)	470.4	Football, activity and related equipment (3227, 3244, 3269)	424.6
3	Chairs, sofas, and sofa beds (79, 80, 4017–4124, 4052–4053)	441.4	Baseball, activity and related equipment 3228, 3240, 3270)	330.4
4	Beds (excluding water beds) (01, 61, 94)	392.6	Playground equipment (34, 42–44, 3219, 3246, 3273)	287.1
5	Playground equipment (34, 42–44, 3219, 3246, 3273)	318.0	Ice and roller skating and skating not specified (excluding ice hockey) (3216–3217, 3255)	267.7
6	Bicycles and accessories (02)	262.8	Basketball, activity and related equipment (3226, 3242, 3267)	237.9
7	Desks, cabinets, shelves, racks, and footlockers (04, 30–31, 64, 75, 92–93, 4028–4029)	180.4	Stairs (including folding) steps, ramps, and landings (40, 42–43)	215.3
8	Nails, carpet tacks, screws, and thumb tacks (19)	112.0	Nails, carpet tacks, screws, and thumb tacks (19)	180.8
9	Bathtub and nonglass shower structures (10, 11, 4030)	107.7	Glass doors, windows, and panels (23, 25–26, 36, 67, 69, 73, 75, 82–88, 0609)	103.6
10	Glass doors, windows, and panels (23, 25–26, 36, 67 69, 73, 75, 82–83, 0609)	103.2	Fences, nonelectric or unspecified (34, 51, 56)	101.7

NOTE: Data are based on reporting by a sample of hospital emergency rooms.

SOURCE: National Electronic Injury Surveillance System: *NEISS Data Highlights*, Vol. 4, No. 1, U.S. Consumer Product Safety Commission. Washington, Jan.–Mar. 1980.

TABLE 57. Student Accident[1] Rates and School Days Lost from School per Injury for Students in Grades K–12, According to Grade, Sex, and Location and Activity: United States, 1977–78 School Year

Sex, Location, and Activity	Total[2]	Grade					Days Lost per Injury
		Kindergarten[3]	Grades 1–3	Grades 4–6	Grades 7–9	Grades 10–12	
		Accidents per 100,000 student days					Days
Boys							
All school jurisdictions	9.39	6.29	5.82	8.96	12.12	12.26	1.09
Shops and labs	0.64	0.00	0.00	0.06	1.05	1.56	0.64
Building–general grounds	1.86	2.01	1.32	1.77	2.67	1.72	0.91
Unorganized activities	1.94	2.80	3.01	3.90	0.88	0.20	1.04
Other	0.37	0.30	0.38	0.40	0.39	0.34	1.31
Physical education	2.92	0.47	0.81	2.33	4.93	4.36	1.19
Sports							
Intramural sports	0.12	0.00	0.00	0.05	0.21	0.27	1.12
Interscholastic sports	1.15	0.00	0.00	0.07	1.51	3.40	1.15
Special activities	0.05	0.04	0.03	0.07	0.07	0.05	0.85
Travel to school							
Motor vehicle	0.18	0.37	0.11	0.11	0.21	0.26	1.98
Nonmotor vehicle	0.16	0.30	0.16	0.20	0.20	0.10	1.59
Girls							
All school jurisdictions	5.48	4.01	4.16	6.04	7.85	4.65	1.13
Shops and labs	0.14	0.00	0.00	0.04	0.32	0.19	0.62
Building–general grounds	1.23	0.99	0.89	1.08	1.85	1.18	1.02
Unorganized activities	1.19	1.97	2.24	2.33	0.28	0.09	1.20
Other	0.22	0.22	0.20	0.25	0.21	0.23	1.64
Physical education	2.14	0.34	0.64	2.08	4.25	2.05	1.05
Sports							
Intramural sports	0.04	0.00	0.00	0.02	0.11	0.04	0.81
Interscholastic sports	0.23	0.00	0.00	0.02	0.44	0.51	1.10
Special activities	0.05	0.09	0.03	0.06	0.07	0.05	1.43
Travel to school							
Motor vehicle	0.16	0.22	0.09	0.07	0.20	0.27	1.98
Nonmotor vehicle	0.08	0.18	0.07	0.09	0.12	0.04	1.18

[1] Accidents are those causing (1) the loss of one-half day or more of school time, (2) the loss of one-half day or more of activity during nonschool time, and/or (3) any property damage as a result of a school jurisdictional accident.

[2] Total includes other accidents not shown as a separate category.

[3] Kindergarten rates adjusted for one-half day.

NOTE: Data are based on reporting by schools.

SOURCE: National Safety Council: *Accident Facts*, 1979 Edition. Chicago, 1979.

TABLE 58. Selected Notifiable Disease Rates per 100,000 Children and Youths Under 15 Years of Age, According to Availability of Immunization and Disease: United States, 1960–78 Selected Years

Availability of Immunization and Disease	Year						
	1960	1965	1970	1975	1976	1977	1978
	Reported cases per 100,000 population						
Diseases with immunization available							
Measles	---	---	---	38.2	37.7	68.9	27.1
Mumps	---	---	---	---	---	18.0	16.2
Rubella	---	---	---	11.8	5.2	9.5	6.8
Pertussis	---	---	---	---	---	3.6	3.1
Diphtheria	1.2	0.2	0.6	0.1	0.0	0.0	0.0
Poliomyelitis, total	4.2	0.1	0.1	0.0	0.0	0.0	0.0
Poliomyelitis, paralytic	3.4	0.1	0.1	0.0	0.0	0.0	0.0
Diseases with no immunization available							
Venereal diseases							
Gonorrhea	8.7	7.6	13.0	23.2	22.6	23.4	23.5
Syphilis, primary and secondary	0.3	0.5	0.4	0.5	0.4	0.3	0.3
Salmonellosis	---	---	---	---	---	25.9	26.2
Shigellosis	---	---	---	---	---	19.0	22.0
Hepatitis A	[1]38.7	[1]22.2	26.3	14.9	12.0	10.5	10.9
Hepatitis B	[1]38.7	[1]22.2	0.2	0.7	0.6	0.6	0.5
Tuberculosis	7.9	9.8	5.7	3.7	3.4	3.0	2.9

[1] In 1960 and 1965, data on hepatitis A and hepatitis B were not collected separately.

NOTES: Data are based on reporting by State health departments. The total resident population under 15 years of age was used to calculate all rates except that for primary and secondary syphilis for which the civilian resident population was used.

SOURCES: Center for Disease Control: Reported morbidity and mortality in the United States. *Morbidity and Mortality Weekly Report* (Annual Summary) 9(53), 1960; 14(53), 1965; 19(53), 1970; 24(54), 1975; 25(53), 1976; 26(53), 1977; 27(54), 1978. Tuberculosis data from the Tuberculosis Control Division, Bureau of State Services; venereal disease data from the Venereal Disease Control Division, Bureau of State Services.

TABLE 59. Mean Hemoglobin Levels of Children and Youths Under 18 Years of Age and of Women 15–44 Years of Age and Hemoglobin at Selected Percentiles, According to Age and Sex of Children and Youths: United States, 1971–74

Sex and Age	Mean Hemoglobin Level	Percentile						
		5th	10th	25th	50th	75th	90th	95th
Under 18 years		*Grams per deciliter at percentile shown*						
Males								
1 year	11.9	7.9	9.8	11.2	12.1	13.0	13.6	13.9
2 years	12.3	10.6	10.7	11.6	12.4	13.0	13.7	14.0
3 years	12.6	11.0	11.3	11.9	12.5	13.1	13.8	14.3
4–5 years	12.7	11.2	11.5	12.1	12.7	13.3	14.0	14.4
6–11 years	13.2	11.7	12.0	12.6	13.3	13.9	14.4	14.8
12–17 years	14.6	12.5	13.0	13.7	14.5	15.5	16.4	16.7
Females								
1 year	12.0	9.5	10.5	11.4	12.1	12.6	13.3	13.7
2 years	12.4	10.7	11.0	11.6	12.5	13.1	13.5	14.2
3 years	12.4	10.8	11.2	11.8	12.4	13.1	13.9	14.0
4–5 years	12.8	11.2	11.5	12.0	12.7	13.5	14.0	14.6
6–11 years	13.2	11.6	11.9	12.5	13.1	13.8	14.2	14.8
12–17 years	13.6	12.0	12.3	12.9	13.6	14.3	14.9	15.4
Women 18–44 years								
18–19 years	13.6	11.8	12.3	13.0	13.6	14.3	15.0	15.3
20–24 years	13.6	11.9	12.3	12.9	13.6	14.3	14.9	15.3
25–34 years	13.7	11.9	12.3	13.0	13.7	14.5	15.2	15.6
35–44 years	13.7	11.7	12.2	13.0	13.7	14.4	15.2	15.7

NOTE: Data are based on physical examinations of a sample of the civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics: Hemoglobin and selected iron-related finding of persons 1–74 years of age: United States, 1971–74, by C. L. Johnson. *Advance Data from Vital and Health Statistics.* No. 46. DHEW Pub. No. (PHS) 79–1250. Public Health Service. Hyattsville, Md., Jan. 1979.

TABLE 60. Children and Youths 1–18 Years of Age With Decayed Teeth and Those Needing Dental Care, According to Age and Family Income: United States, 1971–74

With Decayed Teeth, Needing Dental Care, and Family Income	Age			
	1–18 Years	1–5 Years	6–11 Years	12–17 Years
	Percent of population			
With decayed teeth:				
All incomes[1]	43.5	16.1	52.7	53.6
Less than $5,000	51.2	20.9	64.2	64.1
$5,000–$9,999	49.1	18.7	60.4	63.8
$10,000–$14,999	39.7	12.8	49.4	48.6
$15,000 or more	31.8	8.1	34.6	39.2
Needing dental care:				
All incomes[1]	52.8	16.6	63.5	67.5
Less than $5,000	59.4	21.1	73.8	77.8
$5,000–$9,999	57.8	19.2	71.0	77.5
$10,000–$14,999	49.3	13.6	62.2	61.5
$15,000 or more	42.0	8.4	43.3	54.5

[1] Includes unknown income.

NOTE: Data are based on examinations of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Examination Statistics, National Center for Health Statistics: Data from the Health and Nutrition Examination Survey.

TABLE 61. Decayed, Nonfunctional Carious, and Filled Primary Teeth Among Children 1–5 Years of Age, According to Race and Sex: United States, 1971–74

Number of Teeth	All Races[1]			White			Black		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
	Average number at age 5								
Decayed, nonfunctional carious, and filled teeth	2.2	2.2	2.1	2.1	2.2	2.1	2.3	2.0	2.5
Number of decayed, nonfunctional carious, and filled teeth	*Percent distribution of children ages 1–5*								
	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0	75.7	74.5	76.9	75.8	74.8	77.0	75.7	74.4	77.0
1	6.0	6.3	5.6	6.1	6.3	6.0	4.5	6.0	3.0
2	5.6	5.8	5.4	5.8	6.1	5.6	4.3	3.7	4.8
3 or more	12.7	13.4	12.1	12.3	12.8	11.4	15.5	15.9	15.2

[1] Includes other races not shown as a separate category.

NOTES: Data are based on dental examinations of a sample of the civilian noninstitutionalized population. Filled teeth include only those with satisfactory fillings. Decayed teeth include not only teeth with caries but also filled teeth with carious lesions or defective fillings. Nonfunctional carious teeth are those which cannot be saved because of extensive caries.

SOURCE: National Center for Health Statistics: Decayed, missing and filled teeth among persons 1–74 years: United States, 1971–74, by J. Kelly and C. Harvey. *Vital and Health Statistics*. Series 11. In press.

TABLE 62. Decayed, Missing, and Filled Teeth Among Children and Youths 6–17 Years of Age, According to Race, Sex, and Age: United States, 1971–74

Age and Number of Teeth	Races[1]			White			Black		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
Average number at age 11									
Teeth decayed, missing, or filled	2.7	2.5	3.0	2.7	2.6	2.9	2.8	2.4	3.1
Percent distribution of children ages 6–11									
Number of decayed teeth									
0	68.7	68.4	69.1	70.8	70.1	71.5	58.4	60.8	56.0
1	11.9	10.5	13.4	11.6	10.9	12.5	13.3	8.4	18.2
2	9.7	11.5	7.8	8.8	10.2	7.2	14.4	17.1	11.6
3 or more	9.7	9.6	9.7	8.8	8.8	8.8	13.9	13.7	14.2
Number of missing teeth									
0	91.6	90.7	92.5	92.5	91.6	93.4	87.1	86.5	87.6
1	5.6	5.7	5.4	5.2	5.6	4.7	7.4	5.3	9.5
2 or more	2.8	3.6	2.1	2.3	2.8	1.9	5.5	8.2	2.9
Number of filled teeth									
0	69.3	73.1	65.2	66.5	70.2	62.5	84.5	89.4	79.6
1	8.7	7.7	9.7	9.7	8.6	10.9	3.6	2.9	4.3
2	7.3	6.4	8.2	7.9	7.2	8.6	3.5	2.4	4.5
3 or more	14.7	12.8	16.9	15.9	14.0	18.0	8.4	5.3	11.6
Average number at age 17									
Teeth decayed, missing, or filled	8.7	8.1	9.4	8.8	8.2	9.6	7.7	7.3	8.2
Percent distribution of children ages 12–17									
Number of decayed teeth									
0	46.0	47.5	44.4	49.4	50.4	48.4	24.9	28.3	21.5
1	16.2	15.8	16.6	16.5	16.0	17.0	13.4	13.0	13.7
2	10.0	10.4	9.7	9.5	10.4	8.6	12.9	10.7	15.2
3–4	14.9	13.9	16.0	13.8	12.8	14.8	22.3	21.5	23.0
5 or more	12.9	12.4	13.3	10.8	10.4	11.2	26.5	26.5	26.6

Number of missing teeth									
0	74.2	78.0	70.3	78.0	81.0	74.9	53.0	61.4	44.6
1	9.4	8.2	10.8	8.2	7.4	8.9	15.9	11.2	20.5
2	8.5	7.6	9.3	7.5	6.4	8.6	14.1	14.8	13.4
3 or more	7.9	6.2	9.6	6.3	5.2	7.6	17.0	12.6	21.5
Number of filled teeth									
0	32.3	34.0	30.6	26.5	28.5	24.4	69.8	70.2	69.3
1	6.7	6.1	7.3	6.8	6.4	7.1	5.8	4.6	7.1
2	8.4	8.2	8.6	8.9	8.2	9.6	5.4	9.2	1.6
3–4	19.2	21.0	17.2	20.8	23.2	18.3	7.7	4.8	10.6
5–9	24.4	22.9	25.9	26.7	25.2	28.5	9.7	9.5	9.7
10 or more	9.0	7.8	10.4	10.3	8.5	12.1	1.6	1.7	1.7

[1] Includes other races not shown as a separate category.

NOTES: Data are based on dental examinations of a sample of the civilian noninstitutionalized population. Filled teeth include only teeth with satisfactory fillings. Decayed teeth include not only teeth with caries but also filled teeth with carious lesions or defective fillings. Missing teeth include both missing and nonfunctional teeth.

SOURCE: National Center for Health Statistics: Decayed, missing, and filled teeth among persons 1–74 years: United States, 1971–74, by J. Kelly and C. Harvey. *Vital and Health Statistics*. Series 11. In press.

TABLE 63. Need, Availability, and Use of Special School Resources for Children 6–12 Years of Age With Specific Handicaps, According to Type of Handicap: United States, 1963–65 (Ages 6–11) and 1976 (Ages 6–12)

			Availability and Use of Resources					
	Children for Whom Resource Was Recommended		Resources Available and Used		Resources Available, Not Used		Resources Not Available	
Type of Handicap	1963–65	1976	1963–65	1976	1963–65	1976	1963–65	1976
	Percent of children		*Percent of those recommended*					
Slow learners	13	13	29	60	14	13	57	27
Speech impairments	6	6	47	75	19	13	33	12
Emotionally disturbed	3	4	22	26	23	26	55	48
Mentally retarded	1	2	65	78	16	10	19	12
Hearing handicaps	1	1	34	53	14	21	52	26
Visual handicaps	1	1	35	52	14	–	50	48
Orthopedic handicaps	0	1	44	35	23	15	33	50
Total identified as needing one or more special resources	21.4	20.6	...	...	...	...	...	...

NOTE: Data are based on teachers' assessments of a sample of the civilian noninstitutionalized population.

SOURCES: National Center for Health Statistics: Data from the National Health Survey. Series 11, No. 113. DHEW Pub. No. (HSM) 72–1040. Health Services and Mental Health Administration. Hyattsville, Md. U.S. Government Printing Office, Feb. 1972; The 1976 National Survey of Children, special tabulations prepared by Child Trends, Inc., Washington, D.C.

TABLE 64. Children and Youths 5–17 Years of Age With Handicapping Conditions, Served in Educational Facilities and Potentially Unserved in the United States and Number Potentially Unserved According to Handicapping Condition, Region, Division, and State: United States, 1977–78 School Year

Region, Division, and State	Handicapping Condition All Conditions	Learning Disabled	Speech Impaired	Emotionally Disturbed	Mentally Retarded	Other
United States			*Number in thousands*			
In need	6,060	1,513	1,764	1,013	1,168	607
Served	3,766	967	1,224	288	943	346
Potentially unserved	2,293	547	540	725	225	261
			Number potentially unserved			
Northeast	549,529	182,484	122,551	126,074	81,187	37,239
New England	92,918	21,219	37,600	16,931	11,772	5,400
Connecticut	27,023	–972	10,289	5,318	6,483	5,905
Maine	9,310	1,444	3,382	2,382	577	1,527
Massachusetts	25,608	15,850	12,707	740	–238	–3,452
New Hampshire	13,219	2,645	5,460	3,204	1,650	261
Rhode Island	11,469	1,640	3,826	3,098	2,700	206
Vermont	6,289	612	1,936	2,189	600	953
Middle Atlantic	456,611	161,265	84,951	109,143	69,415	31,839
New Jersey	57,314	12,210	–6,124	21,454	18,133	11,642
New York	259,337	95,506	74,974	44,462	42,633	1,762
Pennsylvania	139,960	53,549	16,101	43,227	8,649	18,435
North Central	660,209	173,339	124,643	207,881	49,674	104,682
East North Central	480,824	142,196	90,902	142,673	31,766	73,291
Illinois	79,798	17,666	18,632	21,909	11,181	10,412
Indiana	69,801	31,525	983	24,276	1,654	11,364
Michigan	120,112	35,631	16,668	30,372	18,560	18,882
Ohio	133,148	40,282	28,692	49,127	–8,227	23,274
Wisconsin	77,965	17,092	25,927	16,989	8,598	9,359

TABLE 64. Children and Youths 5–17 Years of Age With Handicapping Conditions, Served in Educational Facilities and Potentially Unserved in the United States and Number Potentially Unserved According to Handicapping Condition, Region, Division, and State: United States, 1977–78 School Year (Cont.)

Region, Division, and State	Handicapping Condition					
	All Conditions	Learning Disabled	Speech Impaired	Emotionally Disturbed	Mentally Retarded	Other
West North Central	179,381	31,143	33,741	65,208	17,908	31,391
Iowa	30,515	1,760	7,348	11,710	3,069	6,629
Kansas	26,797	6,684	4,605	8,290	2,774	4,446
Minnesota	43,753	2,420	11,476	15,871	6,774	7,213
Missouri	41,060	10,701	4,463	17,209	1,692	6,997
Nebraska	16,357	3,675	2,796	6,046	559	3,283
North Dakota	9,956	2,340	1,748	2,950	1,489	1,430
South Dakota	10,943	3,563	1,305	3,132	1,551	1,393
South	635,233	122,451	165,299	262,506	–12,219	97,201
South Atlantic	338,924	83,333	88,792	118,171	–9,553	58,185
Delaware	2,867	–779	2,720	2	–21	946
District of Columbia	11,918	3,966	3,184	2,280	1,687	802
Florida	84,334	14,789	22,965	25,608	6,361	14,612
Georgia	58,710	18,067	20,309	14,063	–2,648	8,919
Maryland	33,685	–2,049	4,654	16,050	7,943	7,087
North Carolina	55,674	17,910	20,483	22,744	–15,245	9,782
South Carolina	12,857	9,093	53	9,727	–11,160	5,144
Virginia	59,792	16,468	9,491	20,109	5,705	8,020
West Virginia	19,087	5,868	4,933	7,588	–2,175	2,873
East South Central	143,196	42,262	40,172	59,527	–22,763	23,998
Alabama	45,456	18,739	15,611	15,843	–11,727	6,990
Kentucky	37,611	15,473	6,094	14,691	–4,554	5,906
Mississippi	40,467	14,143	10,492	12,067	–2,404	6,169
Tennessee	19,662	–6,093	7,975	16,926	–4,078	4,933
West South Central	153,113	–3,144	36,335	84,808	20,097	15,018
Arkansas	24,779	7,236	8,508	9,606	–5,081	4,510

Louisiana	31,286	16,118	–3,841	14,677	–1,675	6,007
Oklahoma	23,076	543	4,786	11,745	881	5,122
Texas	73,972	–27,041	26,882	48,780	25,972	–621
West	448,282	68,402	127,740	123,430	106,657	22,065
Mountain	101,524	–2,442	40,288	26,097	21,037	16,553
Arizona	23,296	–2,358	9,804	6,951	4,564	4,336
Colorado	28,070	681	9,866	7,306	5,726	4,492
Idaho	6,964	419	1,812	3,472	1,028	234
Montana	11,876	1,786	3,197	3,304	2,112	1,479
Nevada	6,661	311	1,150	2,564	1,717	920
New Mexico	20,114	1,647	8,276	4,817	2,831	2,545
Utah	1,512	–4,242	5,025	–3,581	1,941	2,369
Wyoming	3,031	–686	1,158	1,264	1,118	178
Pacific	346,758	70,844	87,452	97,333	85,620	5,512
Alaska	2,502	–1,049	1,813	1,720	1,052	–1,035
California	254,744	59,031	56,174	72,919	70,346	–3,724
Hawaii	13,955	552	5,267	3,947	2,306	1,883
Oregon	25,965	1,883	7,594	8,272	4,930	3,287
Washington	49,592	10,427	16,604	10,475	6,986	5,101

NOTE: Data are based on estimated numbers of those in need and child counts and Annual Program Plans submitted by States.

SOURCE: Bureau of Education for the Handicapped: *Progress Toward a Free and Appropriate Education: A Report to the Congress on the Progress of P.L. 94–142, Education for All Handicapped Children Act.* DHEW Pub. No. (OE) 79–05003. U.S. Office of Education. Washington. U.S. Government Printing Office, Jan. 1979.

TABLE 65. Adjusted National Arrest Rates[1] per 100,000 Youths 11–17 Years of Age, According to Type of Crime: United States, 1964–77 Violent Crimes

	Violent Crimes				Property Crimes		
Year	Murder	Rape	Aggravated Assault	Robbery	Burglary	Larceny–Theft	Motor Vehicle Theft
	Arrests per 100,000 youths 11–17 years of age						
1964	3	10	65	59	506	1,011	357
1965	3	13	71	75	532	1,089	360
1966	4	11	85	76	529	1,094	357
1967	4	12	90	93	599	1,136	369
1968	5	13	85	112	652	1,149	379
1969	6	14	90	126	650	1,265	367
1970	7	15	96	136	664	1,381	338
1971	7	16	110	149	698	1,472	319
1972	7	17	118	152	677	1,412	290
1973	7	18	118	155	744	1,347	307
1974	8	19	138	189	940	1,829	320
1975	6	16	142	179	926	1,668	267
1976	6	16	134	155	852	1,603	245
1977	6	16	136	150	867	1,580	275

[1] Rates calculated by $\frac{\text{arrest frequency}}{\text{population ages 11–17}}$ × adjustment factor.

The adjustment factor was applied to compensate for jurisdictions not included in the Uniform Crime Reports.

NOTE: Data are based on reporting by jurisdictions and updates of decennial census.

SOURCE: U.S. Department of Justice, Law Enforcement Assistance Administration: *Reports of the National Juvenile Justice Assessment Centers, A National Assessment of Serious Juvenile Crime and the Juvenile Justice System: The Need for a Rational Response,* Vol. II. Washington. U.S. Government Printing Office, Apr. 1980.

TABLE 68. Results of Preinduction Examination of Draftees, According to Race, Region, Division, and State: United States, 1972

Race, Region, Division, and State	Number Examined	Total	Found Acceptable	Total Disqualified	Reason for Disqualification: Medically Disqualified Only	Reason for Disqualification: Mentally and Medically Disqualified	Reason for Disqualification: Mentally Disqualified Only	Reason for Disqualification: Administrative Reasons
All races				Percent distribution				
United States	464,612	100.0	53.0	47.0	35.8	3.2	6.7	1.3
Northeast	108,532	100.0	48.7	51.3	43.6	2.4	4.3	1.0
New England	26,035	100.0	50.7	49.3	43.5	1.8	2.5	1.5
Connecticut	6,821	100.0	50.7	49.3	44.3	2.3	2.1	0.6
Maine	2,537	100.0	53.3	46.7	39.3	2.0	2.9	2.5
Massachusetts	12,260	100.0	49.6	50.4	44.8	1.6	2.4	1.6
New Hampshire	1,447	100.0	45.2	54.8	48.1	2.3	2.0	2.4
Rhode Island	2,093	100.0	57.3	42.7	34.6	0.9	5.1	2.1
Vermont	877	100.0	52.5	47.5	42.4	2.2	2.1	0.8
Middle Atlantic	82,497	100.0	48.1	51.9	43.6	2.6	4.8	0.9
New Jersey	15,132	100.0	49.1	50.9	42.5	2.0	5.8	0.6
New York	39,543	100.0	43.2	56.8	47.2	3.3	5.3	1.0
Pennsylvania	27,822	100.0	54.5	45.5	39.0	2.0	3.7	0.8
North Central	127,949	100.0	60.3	39.7	33.5	1.8	3.4	1.0
East North Central	88,793	100.0	58.7	41.3	34.1	2.1	4.1	1.0
Illinois	23,158	100.0	60.2	39.8	32.1	1.7	4.8	1.2
Indiana	11,823	100.0	59.9	40.1	32.4	1.9	4.6	1.2
Michigan	21,014	100.0	58.7	41.3	35.3	2.2	3.2	0.6
Ohio	22,636	100.0	57.7	42.3	34.8	2.6	4.2	0.7
Wisconsin	10,162	100.0	56.3	43.7	37.1	1.7	3.2	1.7
West North Central	39,156	100.0	63.9	36.1	32.2	1.1	1.8	1.0
Iowa	7,349	100.0	62.6	37.4	32.9	1.2	2.1	1.2
Kansas	4,821	100.0	63.3	36.7	32.7	0.8	1.7	1.5
Minnesota	9,676	100.0	64.8	35.2	32.1	0.8	1.1	1.2
Missouri	9,817	100.0	63.8	36.2	31.7	1.7	2.2	0.6
Nebraska	4,110	100.0	69.2	30.8	27.2	0.7	1.8	1.1
North Dakota	1,477	100.0	58.6	41.4	37.9	1.4	2.1	–
South Dakota	1,906	100.0	59.2	40.8	37.2	1.1	1.6	0.9

TABLE 68. Results of Preinduction Examination of Draftees, According to Race, Region, Division, and State: United States, 1972 (Cont.)

Race, Region, Division, and State	Number Examined	Total	Found Acceptable	Total Disqualified	Reason for Disqualification: Medically Disqualified Only	Reason for Disqualification: Mentally and Medically Disqualified	Reason for Disqualification: Mentally Disqualified Only	Reason for Disqualification: Administrative Reasons
South	152,669	100.0	48.8	51.2	31.8	5.5	12.8	1.1
South Atlantic	75,453	100.0	49.8	50.2	31.0	4.8	13.1	1.3
Delaware	1,029	100.0	54.1	45.9	35.3	3.1	6.5	1.0
District of Columbia	1,233	100.0	41.6	58.4	36.2	7.9	12.5	1.8
Florida	15,877	100.0	47.5	52.5	39.9	3.3	8.0	1.3
Georgia	12,262	100.0	47.7	52.3	26.1	5.0	19.8	1.4
Maryland	8,768	100.0	49.2	50.8	41.2	2.5	4.8	2.3
North Carolina	13,631	100.0	55.4	44.6	22.8	5.2	15.2	1.4
South Carolina	6,632	100.0	39.6	60.4	26.4	8.3	25.5	0.2
Virginia	11,134	100.0	58.0	42.0	24.4	4.5	11.5	1.6
West Virginia	4,887	100.0	44.9	55.1	37.1	7.9	9.4	0.7
East South Central	32,734	100.0	44.7	55.3	30.0	8.2	16.2	0.9
Alabama	7,835	100.0	42.5	57.5	27.6	10.3	18.3	1.3
Kentucky	8,768	100.0	45.9	54.1	35.8	7.5	10.0	0.8
Mississippi	6,221	100.0	41.1	58.9	23.1	8.6	26.6	0.6
Tennessee	9,910	100.0	47.8	52.2	31.0	6.8	13.5	0.9
West South Central	44,482	100.0	50.1	49.9	34.4	4.9	9.7	0.9
Arkansas	4,378	100.0	49.4	50.6	32.8	5.6	10.8	1.4
Louisiana	7,251	100.0	42.0	58.0	33.5	6.5	17.2	0.8
Oklahoma	6,509	100.0	54.6	45.4	34.9	3.5	6.3	0.7
Texas	26,344	100.0	51.3	48.7	34.9	4.6	8.3	0.9
West	75,462	100.0	55.2	44.8	36.5	2.0	3.8	2.5
Mountain	22,221	100.0	53.7	46.3	38.5	2.1	3.7	2.0
Arizona	5,199	100.0	46.8	53.2	43.2	3.4	4.4	2.2
Colorado	5,616	100.0	54.6	45.4	39.4	1.5	3.0	1.5
Idaho	2,060	100.0	52.7	47.3	41.3	1.3	2.3	2.4
Montana	1,874	100.0	65.8	34.2	29.4	0.8	1.2	2.8
Nevada	1,160	100.0	50.1	49.9	39.5	2.9	4.1	3.4

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New Mexico	2,431	100.0	55.5	44.5	31.5	3.5	8.6	0.9
Utah	2,998	100.0	55.1	44.9	39.1	1.2	2.9	1.7
Wyoming	883	100.0	59.7	40.3	35.9	0.6	1.8	2.0
Pacific	53,241	100.0	55.8	44.2	35.5	2.0	4.0	2.7
Alaska	701	100.0	46.4	53.6	41.1	6.0	3.8	2.7
California	37,715	100.0	54.8	45.2	36.2	1.9	4.4	2.7
Hawaii	1,776	100.0	50.3	49.7	33.2	4.1	10.6	1.8
Oregon	5,000	100.0	63.8	36.2	29.2	0.7	2.0	4.3
Washington	8,049	100.0	57.3	42.7	36.7	2.2	1.8	2.0
White								
United States	415,890	100.0	54.8	45.2	37.9	2.2	3.8	1.3
Northeast	100,935	100.0	49.4	50.6	44.7	1.9	3.0	1.0
New England	25,249	100.0	51.0	49.0	43.6	1.6	2.3	1.5
Connecticut	6,449	100.0	52.0	48.0	44.2	1.6	1.7	0.5
Maine	2,530	100.0	53.3	46.7	39.2	2.1	2.9	2.5
Massachusetts	11,903	100.0	49.5	50.5	45.3	1.5	2.1	1.6
New Hampshire	1,435	100.0	45.1	54.9	48.2	2.3	2.0	2.4
Rhode Island	2,057	100.0	57.4	42.6	35.0	0.8	4.8	2.0
Vermont	875	100.0	52.6	47.4	42.3	2.2	2.1	0.8
Middle Atlantic	75,686	100.0	48.8	51.2	45.1	2.0	3.3	0.8
New Jersey	13,794	100.0	49.9	50.1	44.6	1.4	3.6	0.5
New York	35,790	100.0	43.9	56.1	49.3	2.4	3.5	0.9
Pennsylvania	26,102	100.0	55.0	45.0	39.7	1.7	2.8	0.8
North Central	120,112	100.0	61.2	38.8	34.4	1.3	2.2	0.9
East North Central	82,275	100.0	59.8	40.2	35.2	1.5	2.6	0.9
Illinois	21,031	100.0	61.7	38.3	33.4	1.2	2.6	1.1
Indiana	11,088	100.0	60.6	39.4	33.0	1.7	3.5	1.2
Michigan	19,353	100.0	59.9	40.1	36.2	1.3	2.0	0.6
Ohio	20,893	100.0	58.8	41.2	35.7	1.9	3.0	0.6
Wisconsin	9,910	100.0	57.2	42.8	37.5	1.4	2.3	1.6
West North Central	37,837	100.0	64.2	35.8	32.4	0.9	1.5	1.0
Iowa	7,266	100.0	62.8	37.2	33.1	1.1	1.9	1.1
Kansas	4,650	100.0	63.8	36.2	33.0	0.6	1.3	1.3
Minnesota	9,596	100.0	64.9	35.1	32.1	0.8	1.0	1.2
Missouri	8,939	100.0	64.5	35.5	32.2	1.2	1.5	0.6
Nebraska	4,017	100.0	69.5	30.5	27.4	0.6	1.4	1.1
North Dakota	1,472	100.0	58.6	41.4	37.9	1.4	2.1	–
South Dakota	1,897	100.0	59.3	40.7	37.1	1.1	1.6	0.9

TABLE 66. Results of Preinduction Examination of Draftees, According to Race, Region, Division, and State: United States, 1972 (Cont.)

Race, Region, Division, and State	Number Examined	Total	Found Acceptable	Total Disqualified	Reason for Disqualification			
					Medically Disqualified Only	Mentally and Medically Disqualified	Mentally Disqualified Only	Administrative Reasons
South	122,103	100.0	52.5	47.5	36.5	3.6	6.3	1.1
South Atlantic	58,604	100.0	54.0	46.0	35.8	2.9	5.9	1.4
Delaware	858	100.0	54.1	45.9	39.0	2.3	3.6	1.0
District of Columbia	323	100.0	34.1	65.9	60.3	1.9	3.7	–
Florida	13,422	100.0	49.3	50.7	44.0	2.0	3.4	1.3
Georgia	8,872	100.0	54.4	45.6	32.6	2.9	8.5	1.6
Maryland	7,336	100.0	49.7	50.3	44.5	1.5	2.3	2.0
North Carolina	10,186	100.0	62.2	37.8	26.3	2.7	7.3	1.5
South Carolina	4,108	100.0	49.6	50.4	37.0	4.0	9.2	0.2
Virginia	8,831	100.0	62.1	37.9	27.9	2.8	5.4	1.8
West Virginia	4,668	100.0	45.4	54.6	37.5	7.4	9.1	0.6
East South Central	25,465	100.0	49.3	50.7	35.2	5.6	8.9	1.0
Alabama	5,434	100.0	49.9	50.1	36.1	5.0	7.5	1.5
Kentucky	8,199	100.0	46.5	53.5	36.4	7.0	9.3	0.8
Mississippi	3,476	100.0	52.9	47.1	35.1	4.8	6.6	0.6
Tennessee	8,356	100.0	50.1	49.9	33.7	5.0	10.3	0.9
West South Central	38,034	100.0	52.5	47.5	38.0	3.3	5.3	0.9
Arkansas	3,461	100.0	51.8	48.2	39.0	3.5	4.2	1.5
Louisiana	5,034	100.0	46.7	53.3	42.8	3.6	6.0	0.9
Oklahoma	6,052	100.0	55.4	44.6	36.4	2.8	4.8	0.6
Texas	23,487	100.0	53.1	47.0	37.2	3.4	5.4	0.9
West	72,740	100.0	55.6	44.4	36.9	1.8	3.3	2.4
Mountain	21,771	100.0	53.9	46.1	38.9	1.9	3.4	1.9
Arizona	5,045	100.0	47.0	53.0	43.8	3.2	3.9	2.1
Colorado	5,478	100.0	54.7	45.3	39.7	1.3	2.8	1.5
Idaho	2,055	100.0	52.7	47.3	41.5	1.2	2.3	2.3
Montana	1,872	100.0	65.8	34.2	29.5	0.8	1.1	2.8

Nevada	1,083	100.0	51.5	48.5	40.9	2.3	2.2	3.1
New Mexico	2,388	100.0	55.6	44.4	31.7	3.5	8.3	0.9
Utah	2,977	100.0	55.3	44.7	39.1	1.1	2.8	1.7
Wyoming	873	100.0	59.9	40.1	35.7	0.6	1.7	2.1
Pacific	50,969	100.0	56.3	43.7	36.1	1.7	3.3	2.6
Alaska	690	100.0	46.4	53.6	41.3	5.9	3.6	2.8
California	35,641	100.0	55.5	44.5	36.9	1.6	3.4	2.6
Hawaii	1,771	100.0	50.3	49.7	33.3	4.0	10.6	1.8
Oregon	4,941	100.0	64.0	36.0	29.2	0.7	1.8	4.3
Washington	7,926	100.0	57.6	42.4	30.9	1.9	1.7	1.9
Black								
United States	48,722	100.0	37.5	62.5	17.6	11.8	31.7	1.4
Northeast	7,597	100.0	40.4	59.6	27.0	9.8	21.3	1.5
New England	786	100.0	41.3	58.7	35.4	9.7	12.2	1.4
Connecticut	372	100.0	28.8	71.2	45.6	14.0	10.5	1.1
Maine	7	100.0	57.1	42.9	28.6	–	14.3	–
Massachusetts	357	100.0	52.4	47.6	26.2	6.2	13.5	1.7
New Hampshire	12	100.0	58.3	41.7	33.4	8.3	–	–
Rhode Island	36	100.0	55.6	44.4	16.6	2.8	22.2	2.8
Vermont	2	100.0	–	100.0	100.0	–	–	–
Middle Atlantic	6,811	100.0	40.2	59.8	26.2	9.8	22.3	1.5
New Jersey	1,338	100.0	41.3	58.7	20.1	8.2	29.3	1.1
New York	3,753	100.0	36.5	63.5	28.2	11.6	22.2	1.5
Pennsylvania	1,720	100.0	47.6	52.4	26.5	7.2	17.1	1.6
North Central	7,837	100.0	46.2	53.8	22.8	8.7	20.4	1.9
East North Central	6,518	100.0	44.6	55.4	22.4	9.0	22.2	1.8
Illinois	2,127	100.0	45.0	55.0	19.9	6.3	26.4	2.4
Indiana	735	100.0	50.2	49.8	20.6	5.7	21.2	2.3
Michigan	1,661	100.0	45.0	55.0	24.6	11.6	18.3	0.5
Ohio	1,743	100.0	44.5	55.5	24.1	10.8	18.8	1.8
Wisconsin	252	100.0	23.8	76.2	20.7	11.5	39.6	4.4
West North Central	1,319	100.0	54.1	45.9	25.2	7.1	11.3	2.3
Iowa	83	100.0	41.0	59.0	22.9	10.8	18.1	7.2
Kansas	171	100.0	50.9	49.1	22.2	7.0	15.8	4.1
Minnesota	80	100.0	52.5	47.5	30.0	7.5	7.5	2.5
Missouri	878	100.0	56.2	43.8	25.6	7.1	9.8	1.3
Nebraska	93	100.0	54.8	45.2	19.3	5.4	16.2	4.3
North Dakota	5	100.0	60.0	40.0	40.0	–	–	–
South Dakota	9	100.0	33.3	66.7	66.7	–	–	–

TABLE 66. Results of Preinduction Examination of Draftees, According to Race, Region, Division, and State: United States, 1972 (Cont.)

Race, Region, Division, and State	Number Examined	Total	Found Acceptable	Total Disqualified	Reason for Disqualification			
					Medically Disqualified Only	Mentally and Medically Disqualified	Mentally Disqualified Only	Administrative Reasons
South	30,566	100.0	34.0	66.0	13.3	13.4	38.3	1.0
South Atlantic	16,849	100.0	35.0	64.6	14.1	11.4	37.9	1.2
Delaware	171	100.0	54.4	45.6	16.9	7.0	21.1	0.6
District of Columbia	910	100.0	44.3	55.7	27.7	10.0	15.6	2.4
Florida	2,455	100.0	37.6	62.4	17.8	10.5	32.8	1.3
Georgia	3,390	100.0	30.1	69.9	9.6	10.4	49.3	0.6
Maryland	1,432	100.0	46.7	53.3	24.0	7.4	17.8	4.1
North Carolina	3,445	100.0	35.3	64.7	12.4	12.6	38.6	1.1
South Carolina	2,524	100.0	23.3	76.7	9.4	15.2	52.0	0.1
Virginia	2,303	100.0	42.3	57.7	10.9	10.9	34.9	1.0
West Virginia	219	100.0	34.2	65.8	28.4	18.3	16.4	2.7
East South Central	7,269	100.0	28.8	71.2	11.4	17.1	42.0	0.7
Alabama	2,401	100.0	25.7	74.3	8.6	22.4	42.5	0.8
Kentucky	569	100.0	36.7	63.3	26.2	14.1	21.8	1.2
Mississippi	2,745	100.0	26.2	73.8	7.9	13.5	51.9	0.5
Tennessee	1,554	100.0	35.6	64.4	16.7	16.5	30.4	0.8
West South Central	6,448	100.0	36.1	63.9	13.4	14.1	35.6	0.8
Arkansas	917	100.0	40.1	59.9	10.1	13.6	35.4	0.8
Louisiana	2,217	100.0	31.3	68.7	12.4	13.3	42.3	0.7
Oklahoma	457	100.0	43.8	56.2	14.9	12.7	27.3	1.3
Texas	2,857	100.0	37.2	62.8	15.0	15.1	31.8	0.9
West	2,722	100.0	43.6	56.4	25.0	8.3	19.2	3.9
Mountain	450	100.0	43.1	56.9	23.3	9.8	18.9	4.9
Arizona	154	100.0	42.2	57.8	20.8	11.7	18.2	7.1
Colorado	138	100.0	50.0	50.0	26.1	9.4	12.3	2.2
Idaho	5	100.0	60.0	40.0	–	20.0	–	20.0

Montana	2	100.0	50.0	50.0	–	–	50.0	–
Nevada	77	100.0	29.9	70.1	22.0	11.7	29.9	6.5
New Mexico	43	100.0	51.2	48.8	20.9	–	25.6	2.3
Utah	21	100.0	33.3	66.7	28.6	14.3	19.0	4.8
Wyoming	10	100.0	40.0	60.0	50.0	–	10.0	–
Pacific	2,272	100.0	43.7	56.3	25.3	8.0	19.3	3.7
Alaska	11	100.0	45.5	54.5	36.3	9.1	9.1	–
California	2,074	100.0	43.9	56.1	25.5	7.3	19.7	3.6
Hawaii	5	100.0	60.0	40.0	20.0	20.0	–	–
Oregon	59	100.0	50.8	49.2	22.1	–	20.3	6.8
Washington	123	100.0	36.6	63.4	24.3	22.0	13.0	4.1

NOTE: Data are based on reporting by Armed Forces Entrance and Examining Stations.

SOURCE: Department of the Army: "Summary of Registrant Examinations for Inductions" (Reports Control Symbol DCSPER–321).

TABLE 67. Place of Most Recent Family Planning Visit by Currently Married Fecund Women 15–44 Years of Age With a Family Planning Visit in Last 3 Years, According to Race or Ethnicity and Age: United States, 1973 and 1976

Race or Ethnicity and Age	1973				1976			
	Number of Women With Visit in Thousands	Place of Visit			Number of Women With Visit in Thousands	Place of Visit		
		All Places	Own Physician	Organized Medical Services		All Places	Own Physician	Organized Medical Services
		Percent distribution				Percent distribution		
Total[1]								
Total women 15–44 years	12,216	100.0	82.5	17.5	13,262	100.0	84.1	15.9
15–24 years	4,493	100.0	77.5	22.5	4,520	100.0	76.8	23.2
15–19 years	716	100.0	72.6	27.4	797	100.0	63.8	36.2
25–34 years	5,889	100.0	86.1	13.9	6,674	100.0	88.1	11.9
35–44 years	1,833	100.0	83.3	16.7	2,069	100.0	86.9	13.1
White								
Total 15–44 years	11,268	100.0	84.5	15.5	12,164	100.0	85.9	14.1
15–24 years	4,122	100.0	79.4	20.6	4,152	100.0	79.2	20.8
15–19 years	657	100.0	75.4	24.6	711	100.0	65.4	34.6
25–34 years	5,469	100.0	87.6	12.4	6,139	100.0	89.4	10.6
35–44 years	1,676	100.0	86.7	13.3	1,873	100.0	88.7	11.3
Black								
Total 15–44 years	824	100.0	57.8	42.2	875	100.0	63.0	37.0
15–24 years	338	100.0	54.0	46.0	300	100.0	52.4	47.6
15–19 years	45	100.0	*33.9	66.1	69	100.0	64.4	*35.6
25–34 years	364	100.0	66.0	34.0	408	100.0	69.0	31.0
35–44 years	122	100.0	43.9	56.1	167	100.0	66.8	33.2

Hispanic origin[2]								
Total 15–44 years	724	100.0	64.2	35.8	782	100.0	67.3	32.7
15–24 years	275	100.0	72.7	27.3	265	100.0	57.3	42.7
15–19 years	47	100.0	62.9	*37.1	38	100.0	*22.5	77.5
25–34 years	304	100.0	62.1	37.9	401	100.0	69.7	30.3
35–44 years	145	100.0	52.3	47.7	115	100.0	82.9	*17.1

[1] Includes other races, not shown as a separate category.

[2] Includes all women reporting any Spanish origin, regardless of race or other ethnic origins reported.

NOTE: Data are based on household interviews of samples of married women in the childbearing ages.

SOURCE: National Center for Health Statistics: Use of family planning services by currently married women 15–44 years of age: United States, 1973 and 1976, by G. Hendershot. *Advance Data from Vital and Health Statistics.* No. 45. DHEW Pub. No. (PHS) 79–1250. Public Health Service. Hyattsville, Md., Feb. 1979.

TABLE 68. Live Births, According to Month of Pregnancy Prenatal Care Began and Race and Age of Mother: United States, Reporting Areas, 1977[1]

Race and Age of Mother	Number of Live Births in Reporting Areas	Month of Pregnancy Prenatal Care Began					
		Total	1st or 2nd Month	3rd Month	4th–6th Month	7th–9th Month	No Prenatal Care
				Percent distribution			
All races[2]	3,003,754	100.0	47.4	26.6	20.4	4.2	1.4
Under 15 years	10,389	100.0	14.8	17.3	46.5	15.6	5.8
15–19 years	504,995	100.0	28.6	25.4	35.3	8.1	2.6
15 years	27,940	100.0	19.5	21.1	43.4	12.1	3.9
16 years	63,472	100.0	21.7	23.7	41.4	10.0	3.2
17 years	101,909	100.0	25.4	24.7	38.4	8.7	2.8
18 years	138,723	100.0	28.6	25.9	35.0	7.9	2.6
19 years	172,951	100.0	34.4	26.9	30.0	6.5	2.2
20–24 years	1,035,508	100.0	46.6	27.3	20.6	4.1	1.4
25–29 years	917,360	100.0	56.1	26.6	14.0	2.5	0.8
30–34 years	403,307	100.0	54.9	26.6	14.8	2.7	1.0
35–39 years	109,182	100.0	46.8	26.9	20.4	4.2	1.7
40 years and over	23,013	100.0	37.0	26.4	26.8	6.8	3.0
White	2,425,741	100.0	50.3	27.1	18.0	3.5	1.1
Under 15 years	4,236	100.0	15.2	18.3	43.6	16.7	6.2
15–19 years	353,713	100.0	30.4	26.5	33.2	7.6	2.3
15 years	15,271	100.0	20.5	22.0	41.5	12.2	3.8
16 years	39,874	100.0	22.4	25.0	39.8	9.9	2.9
17 years	69,738	100.0	26.4	25.6	37.0	8.4	2.6
18 years	99,225	100.0	30.0	26.8	33.4	7.5	2.3
19 years	129,605	100.0	36.5	27.7	28.0	5.9	1.9
20–24 years	838,631	100.0	49.2	27.8	18.4	3.5	1.1
25–29 years	782,512	100.0	58.0	26.8	12.5	2.1	0.6
30–34 years	341,415	100.0	56.8	26.8	13.3	2.3	0.8
35–39 years	87,491	100.0	48.9	27.1	18.7	3.8	1.5
40 years and over	17,743	100.0	38.4	26.9	25.6	6.5	2.6
Black	495,747	100.0	34.4	24.6	31.4	6.8	2.8
Under 15 years	5,980	100.0	14.5	16.8	48.8	14.5	5.4
15–19 years	141,011	100.0	24.1	23.0	40.4	9.1	3.4
15 years	12,153	100.0	18.3	20.0	46.0	11.7	4.0
16 years	22,333	100.0	20.6	21.4	44.4	10.0	3.6
17 years	30,190	100.0	23.2	22.7	41.5	9.3	3.3
18 years	36,622	100.0	24.7	23.6	39.5	8.8	3.4
19 years	39,713	100.0	28.0	24.4	36.4	8.2	3.0
20–24 years	173,654	100.0	35.0	25.3	30.4	6.6	2.7
25–29 years	107,345	100.0	43.7	25.4	24.0	4.8	2.1
30–34 years	46,452	100.0	43.3	25.6	24.1	4.8	2.2
35–39 years	17,023	100.0	36.3	25.8	28.9	6.0	3.0
40 years and over	4,282	100.0	31.1	24.7	31.7	8.3	4.2

[1] In 1977, reporting of month of pregnancy during which prenatal care began was required by 44 States and the District of Columbia. States not requiring were Alaska, Arkansas, Idaho, New Mexico, Pennsylvania, and Virginia.

[2] Includes all other races not shown as a separate category.

NOTES: Data are based on the national vital registration system. Percents are based only on records that state the month of pregnancy prenatal care began.

SOURCE: National Center for Health Statistics: Advance Report, Final Natality Statistics, 1977. *Monthly Vital Statistics Report*, Vol. 27, No. 11, Supp. DHEW Pub. No. (PHS) 79–1120. Public Health Service. Hyattsville, Md., Feb. 5, 1979.

TABLE 69. Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Race and Selected Characteristics of the Mother: United States, Reporting Areas, 1977

Race and Characteristic	Number of Births in Thousands[1]	Trimester Prenatal Care Began	
		1st Trimester	3rd Trimester or Not at All[2]
		Percent of births	
Total[3]	3,327	71.4	9.0
Wedlock status[4]			
In wedlock	1,703	75.7	7.4
Out of wedlock	320	45.3	19.1
Not stated	12	53.2	32.6
Not on birth certificate	1,292	72.1	8.5
Education[5]			
8 years or less	126	49.9	18.1
9–12 years	1,697	68.5	9.4
13 years or more	741	84.0	4.8
Not stated	52	36.3	50.2
Not on birth certificate	710	71.4	8.1
Live birth order			
First birth	1,271	71.6	8.1
Second or third birth	1,557	74.3	7.8
Fourth or later birth	464	64.0	11.9
Not stated	35	33.5	53.8
Age			
Under 18 years	225	44.2	17.3
18–39 years	3,076	73.4	8.4
40 years or more	25	60.6	13.7
White	2,691	74.8	7.8
Wedlock status[4]			
In wedlock	1,495	77.4	6.8
Out of wedlock	129	43.5	20.4
Not stated	10	55.7	30.5
Not on birth certificate	1,057	75.1	7.5
Education[5]			
8 years or less	94	52.2	17.4
9–12 years	1,322	72.9	7.7
13 years or more	640	86.1	4.0
Not stated	38	39.0	50.2
Not on birth certificate	597	72.6	8.0
Live birth order			
First birth	1,041	74.9	7.1
Second or third birth	1,277	77.5	6.6
Fourth or later birth	348	67.7	10.5
Not stated	25	35.9	54.5
Age			
Under 18 years	143	46.8	16.2
18–39 years	2,528	76.5	7.3
40 years or more	20	62.7	12.8

TABLE 69. Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Race and Selected Characteristics of the Mother: United States, Reporting Areas, 1977 (Cont.)

Race and Characteristic	Number of Births in Thousands[1]	Trimester Prenatal Care Began	
		1st Trimester	3rd Trimester or Not at All[2]
Black	544	55.6	14.7
Wedlock status[4]			
In wedlock	164	63.5	12.0
Out of wedlock	182	46.8	17.8
Not stated	1	31.7	53.9
Not on birth certificate	197	57.1	13.9
Education[5]			
8 years or less	27	42.2	19.8
9–12 years	343	52.6	15.4
13 years or more	80	69.7	10.1
Not stated	13	27.7	50.7
Not on birth certificate	82	63.3	9.1
Live birth order			
First birth	195	55.2	13.1
Second or third birth	238	58.5	13.8
Fourth or later birth	101	52.8	16.2
Not stated	9	26.9	52.3
Age			
Under 18 years	78	39.7	19.1
18–39 years	462	58.4	14.0
40 years or more	5	52.3	17.8

[1] Includes 12,766 births to women who resided in States that did not require reporting of data on prenatal care but which occurred in States where these data were collected. In 1977, reporting of month of pregnancy during which prenatal care began was required by 44 States and the District of Columbia. States not requiring reporting were Alaska, Arkansas, Idaho, New Mexico, Pennsylvania and Virginia.

[2] Includes births for which the trimester prenatal care began was not reported.

[3] Includes all other races not shown as a separate category.

[4] Wedlock status was reported by 37 States and the District of Columbia.

[5] Mother's education was reported by 44 States and the District of Columbia.

NOTE: Data are based on the national vital registration system.

SOURCES: Division of Vital Statistics, National Center on Health Statistics: Selected data. Special tabulations prepared by the Information Sciences Research Institute, Silver Spring, Md., Mar. 1980.

TABLE 70. Births for Which Prenatal Care Began in the First Trimester,[1] According to Race, Birth Weight, and Selected Characteristics of the Mother: United States, Reporting Areas, 1977

Age and Characteristic	Race								
	Races[2]			White			Black		
	All Birth Weights[3]	Less Than 2,501 Grams	2,501 Grams or More	All Birth Weights	Less Than 2,501 Grams	2,501 Grams or More	All Birth Weights	Less Than 2,501 Grams	2,501 Grams or More
	Percent of births with prenatal care in the first trimester								
All ages	71.4	63.6	72.0	74.8	68.8	75.2	55.6	51.8	56.2
Under 18 years	44.2	41.7	44.5	46.8	44.3	47.1	39.7	39.2	39.8
Wedlock status[4]									
In wedlock	53.0	50.2	53.4	53.6	50.7	53.9	48.5	47.1	48.7
Out of wedlock	37.1	36.8	37.2	35.6	34.7	35.6	38.4	37.8	38.5
Education[5]									
8 years or less	39.5	36.2	39.9	43.3	40.8	43.5	33.1	31.4	33.6
9–12 years	45.0	43.3	45.2	47.8	46.2	48.0	40.7	40.7	40.7
Live birth order									
First birth	45.4	43.2	45.7	47.8	45.3	48.1	40.9	40.9	41.0
Second or third birth	39.5	38.4	39.8	42.0	41.3	42.2	36.6	36.3	36.7
18–39 years	73.4	66.2	74.0	76.5	71.1	76.8	58.4	54.4	58.9
Wedlock status[4]									
In wedlock	76.7	71.5	77.0	78.4	74.0	78.7	64.1	61.2	64.4
Out of wedlock	48.2	46.0	48.5	46.4	42.0	46.9	49.9	48.1	50.2
Education[5]									
8 years or less	52.7	49.6	53.0	54.2	51.5	54.4	46.9	44.7	47.3
9–12 years	70.8	63.4	71.4	74.8	69.2	75.2	55.0	51.8	55.5
13 years or more	84.1	80.0	84.3	86.1	83.9	86.3	69.8	66.7	70.2
Live birth order									
First birth	76.2	69.2	76.7	78.6	72.8	78.9	61.6	58.0	62.1
Second or third birth	75.0	67.7	75.5	78.0	72.7	78.3	59.9	55.8	60.4
Fourth or later birth	64.3	59.0	64.8	68.0	64.7	68.3	52.9	49.8	53.4

TABLE 70. Births for Which Prenatal Care Began in the First Trimester,[1] According to Race, Birth Weight, and Selected Characteristics of the Mother: United States, Reporting Areas, 1977 (Cont.)

Age and Characteristic	Race								
	All Races[2]			White			Black		
	All Birth Weights[3]	Less Than 2,501 Grams	2,501 Grams or More	All Birth Weights	Less Than 2,501 Grams	2,501 Grams or More	All Birth Weights	Less Than 2,501 Grams	2,501 Grams or More
	Percent of births with prenatal care in the first trimester								
40 years or older	60.6	56.5	61.1	62.7	58.9	63.1	52.3	51.0	52.6
Wedlock status[4]									
In wedlock	62.3	58.8	62.7	64.6	61.0	64.9	53.5	54.0	53.5
Out of wedlock	41.6	42.1	41.7	32.4	32.5	32.5	*	*	*
Education[5]									
8 years or less	45.3	44.7	45.5	45.7	46.6	45.7	*	*	*
9–12 years	61.1	51.5	61.5	64.5	61.5	64.8	50.9	51.4	50.7
13 years or more	74.8	68.4	75.3	76.0	70.0	76.4	*	*	*
Live birth order									
First through third birth	71.8	66.7	72.4	73.0	69.7	73.3	*	*	*
Fourth or later birth	57.3	52.9	57.8	59.5	54.6	60.0	51.1	52.0	51.3

[1] Includes 12,766 births to women who reside in States that do not collect data on prenatal care, which occurred in States where these data are collected. In 1977, reporting of month of pregnancy during which prenatal care began was required by 44 States and the District of Columbia. States not requiring reporting were Alaska, Arkansas, Idaho, New Mexico, Pennsylvania and Virginia.

[2] Includes all other races not shown as a separate category.

[3] Includes 6,485 births for which birth weight was not reported.

[4] Wedlock status is reported by 37 States and the District of Columbia.

[5] Education of mother is reported by 44 States and the District of Columbia.

NOTE: Data are based on the national vital registration system.

SOURCES: Division of Vital Statistics, National Center for Health Statistics: Selected data. Special tabulations prepared by the Information Sciences Research Institute, Silver Spring, Md., Mar. 1980.

TABLE 71. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care)

Region, Residence by County Characteristic, and Race	Physicians per 100,000 Population	Average Annual Number of Live Births[1]	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third[2] Trimester, No Care, and Not Reported
			Percent of births	
United States[3]	135.2	2,908,771	70.5	9.3
White		2,353,359	74.1	8.2
Black		477,659	54.3	15.1
Within SMSA	158.7	2,096,862	71.3	9.5
White		1,664,904	75.2	8.1
Black		375,724	55.0	15.5
Large SMSA	178.6	1,141,194	71.4	9.4
White		872,314	75.8	7.8
Black		237,627	55.6	15.5
Core counties	204.1	823,174	68.5	10.3
White		586,674	73.5	8.3
Black		210,811	54.9	15.8
Fringe counties	117.2	318,019	78.9	7.2
White		285,640	80.7	6.6
Black		26,816	61.3	13.5
Medium SMSA	135.3	669,772	71.3	9.9
White		550,189	74.7	8.7
Black		99,370	53.2	16.7
Other SMSA	126.6	285,897	71.3	8.3
White		242,400	74.0	7.5
Black		38,728	55.6	12.4
Outside SMSA	70.4	811,909	68.4	9.3
White		688,456	71.4	8.3
Black		101,935	51.6	13.9
Adjacent	68.3	411,576	69.1	9.4
White		354,070	71.9	8.5
Black		50,864	50.7	14.9
Urbanized	88.9	179,807	70.7	9.1
White		158,796	73.0	8.3
Black		17,412	51.3	15.3
Less urbanized	54.9	199,360	68.0	9.6
White		168,059	71.1	8.6
Black		28,710	50.8	14.7
Thinly populated	35.3	32,409	66.5	9.9
White		27,215	69.9	8.9
Black		4,742	48.2	15.5
Not adjacent	72.6	400,333	67.8	9.2
White		334,386	70.9	8.1
Black		51,071	52.4	12.9
Urbanized	104.4	129,352	69.7	7.9
White		105,327	73.4	6.8
Black		19,472	53.2	11.7
Less urbanized	64.6	207,037	67.1	9.6
White		174,894	69.9	8.8
Black		25,748	51.7	13.5
Thinly populated	36.7	63,944	66.3	10.2
White		54,165	69.4	8.7
Black		5,851	52.9	13.4

TABLE 71. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

Region, Residence by County Characteristic, and Race	Physicians per 100,000 Population	Average Annual Number of Live Births[1]	Trimester Prenatal Care Began	
			First Trimester	Third Trimester, No Care, and Not Reported
			Percent of births	
Northeast	178.4	477,945	70.4	10.7
White		394,811	75.4	8.3
Black		75,276	45.7	22.6
Within SMSA	188.9	412,551	69.8	11.5
White		331,436	75.6	8.9
Black		73,910	45.6	22.8
Large SMSA	212.6	264,011	66.2	14.0
White		199,476	73.6	10.5
Black		58,915	42.7	25.3
Core counties	234.1	183,594	60.1	16.6
White		127,022	68.5	12.4
Black		52,148	40.9	26.8
Fringe counties	170.3	80,417	79.8	7.7
White		72,454	82.1	7.2
Black		6,767	56.8	13.5
Medium SMSA	148.6	126,586	76.7	7.3
White		111,956	79.1	6.5
Black		13,246	57.7	13.0
Other SMSA	130.8	21,954	74.8	6.4
White		20,004	77.0	5.9
Black		1,750	50.0	14.4
Outside SMSA	105.2	65,394	73.8	5.9
White		63,376	74.3	5.8
Black		1,366	55.0	12.7
Adjacent	96.2	43,645	73.8	6.2
White		42,069	74.4	5.9
Black		1,180	54.2	13.2
Urbanized	98.6	34,269	74.9	5.7
White		32,841	75.7	5.4
Black		1,085	54.1	13.0
Less urbanized	87.7	8,985	69.8	7.4
White		8,839	70.0	7.3
Black		95	55.3	15.2
Thinly populated	84.8	392	65.4	12.3
White		390	65.4	12.3
Black		0	0.0	0.0
Not adjacent	124.5	21,748	73.9	5.5
White		21,307	74.1	5.4
Black		186	60.2	9.8
Urbanized	158.3	10,661	77.8	4.5
White		10,428	78.0	4.5
Black		91	68.4	4.4
Less urbanized	92.0	9,147	69.6	6.6
White		8,956	69.8	6.5
Black		91	52.2	15.1
Thinly populated	94.7	1,940	71.9	5.7
White		1,923	72.0	5.7
Black		4	54.6	9.1

TABLE 71. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

Region, Residence by County Characteristic, and Race	Physicians per 100,000 Population	Average Annual Number of Live Births[1]	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third Trimester, No Care, and Not Reported
			Percent of births	
North Central	117.8	867,431	74.2	6.7
White		745,293	76.7	5.9
Black		109,511	58.8	12.0
Within SMSA	141.1	591,701	75.1	6.6
White		480,619	78.7	5.5
Black		103,471	59.0	11.9
Large SMSA	152.2	352,433	75.3	6.0
White		267,944	80.0	4.7
Black		79,272	59.7	10.0
Core counties	186.4	232,925	72.4	6.9
White		156,844	78.7	5.2
Black		72,124	59.0	10.3
Fringe counties	85.7	119,508	80.8	4.2
White		111,101	81.8	3.9
Black		7,148	66.1	7.0
Medium SMSA	116.3	155,872	74.1	9.4
White		136,341	76.6	7.9
Black		18,055	55.3	20.7
Other SMSA	138.5	83,396	76.3	4.4
White		76,333	77.7	4.0
Black		6,143	60.7	8.9
Outside SMSA	67.2	275,730	72.4	6.9
White		264,674	73.2	6.6
Black		6,040	55.8	12.6
Adjacent	68.2	138,381	73.9	6.9
White		133,642	74.4	6.7
Black		3,511	57.7	12.0
Urbanized	92.4	58,908	75.6	7.0
White		55,570	76.6	6.7
Black		2,851	58.4	11.7
Less urbanized	52.3	70,308	72.8	6.8
White		69,104	73.1	6.7
Black		622	54.4	13.6
Thinly populated	33.4	9,165	71.3	7.1
White		8,968	71.8	7.0
Black		38	61.4	12.3
Not adjacent	66.2	137,349	70.8	6.9
White		131,032	71.9	6.4
Black		2,529	53.2	13.6
Urbanized	98.9	35,476	72.4	6.0
White		33,435	73.5	5.6
Black		1,245	57.9	11.9
Less urbanized	63.5	76,356	70.8	7.0
White		73,785	71.6	6.6
Black		1,142	48.4	15.3
Thinly populated	32.1	25,517	66.7	8.1
White		23,812	70.5	6.9
Black		142	50.1	15.4

TABLE 71. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

Region, Residence by County Characteristic, and Race	Physicians per 100,000 Population	Average Annual Number of Live Births[1]	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third[2] Trimester, No Care, and Not Reported
			Percent of births	
South	113.1	978,966	66.1	12.4
White		715,624	71.0	11.2
Black		250,064	52.5	15.7
Within SMSA	142.5	617,472	67.3	12.6
White		452,611	72.2	11.1
Black		156,727	53.3	16.6
Large SMSA	163.4	224,652	69.0	13.3
White		155,731	75.0	11.3
Black		66,153	55.1	17.8
Core counties	200.8	150,747	66.6	13.3
White		93,460	73.9	10.8
Black		55,625	54.4	17.5
Fringe Counties	89.9	73,905	74.0	13.2
White		62,271	76.7	12.2
Black		10,528	58.3	19.6
Medium SMSA	134.3	258,017	66.6	12.3
White		193,424	71.7	10.8
Black		61,123	71.7	10.8
Other SMSA	119.8	134,804	65.7	12.0
White		103,456	69.0	11.8
Black		29,451	54.3	13.3
Outside SMSA	60.9	361,494	64.1	11.9
White		263,013	68.8	11.0
Black		93,337	51.1	14.0
Adjacent	56.6	181,838	64.0	12.3
White		133,345	69.1	11.1
Black		45,352	49.9	15.4
Urbanized	77.0	54,379	63.4	13.6
White		40,075	68.2	12.6
Black		12,716	48.8	16.5
Less Urbanized	50.9	107,315	64.5	11.6
White		78,047	69.7	10.5
Black		27,935	50.7	14.7
Thinly populated	32.8	20,144	63.1	11.8
White		15,222	67.9	10.7
Black		4,700	48.0	15.6
Not adjacent	65.4	179,656	64.1	11.5
White		129,668	68.6	11.0
Black		47,985	52.3	12.7
Urbanized	93.3	60,717	66.8	9.5
White		42,064	72.9	8.4
Black		17,876	52.7	11.7
Less urbanized	57.5	92,245	62.6	12.7
White		66,951	66.7	12.2
Black		24,420	51.9	13.4
Thinly populated	33.7	26,694	62.9	12.5
White		20,653	65.8	12.1
Black		5,689	53.0	13.4

TABLE 71. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

Region, Residence by County Characteristic, and Race	Physicians per 100,000 Population	Average Annual Number of Live Births[1]	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third[2] Trimester, No Care, and Not Reported
			Percent of births	
West	155.5	584,430	72.4	7.5
White		497,631	73.5	7.1
Black		42,809	67.3	7.6
Within SMSA	170.0	475,138	73.1	7.0
White		400,238	73.9	6.9
Black		41,616	67.5	7.5
Large SMSA	185.4	300,098	73.0	7.0
White		249,163	73.6	6.8
Black		33,287	69.2	6.8
Core counties	197.5	255,908	71.7	7.4
White		209,348	72.1	7.4
Black		30,915	68.9	6.9
Fringe counties	121.3	44,190	80.5	4.5
White		39,814	81.1	4.3
Black		2,372	72.8	5.8
Medium SMSA	145.5	129,297	72.0	8.1
White		108,467	73.2	7.7
Black		6,946	59.6	10.7
Other SMSA	119.1	45,743	76.7	5.2
White		42,608	77.6	4.9
Black		1,383	67.1	6.7
Outside SMSA	86.7	109,292	69.6	8.8
White		97,393	71.7	7.5
Black		1,192	59.8	12.5
Adjacent	83.9	47,712	69.5	8.8
White		45,014	70.1	8.4
Black		821	61.2	11.2
Urbanized	89.9	32,251	69.3	9.1
White		30,310	69.8	8.8
Black		760	61.0	11.0
Less Urbanized	75.9	12,753	68.9	8.7
White		12,069	69.8	8.1
Black		58	62.1	13.2
Thinly populated	54.2	2,708	74.7	5.3
White		2,636	75.2	5.2
Black		3	90.0	0.0
Not adjacent	89.0	61,580	69.6	8.8
White		52,379	73.0	6.7
Black		371	56.7	15.6
Urbanized	112.7	22,499	69.3	8.7
White		19,400	72.1	7.1
Black		261	56.1	16.4
Less urbanized	81.5	29,289	70.3	8.3
White		25,202	73.2	6.6
Black		95	59.6	13.2

TABLE 71. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

Region, Residence by County Characteristic, and Race	Physicians per 100,000 Population	Average Annual Number of Live Births[1]	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third[2] Trimester, No Care, and Not Reported
			Percent of births	
Thinly populated	48.2	9,793	68.3	10.3
White		7,777	74.6	5.9
Black		15	50.0	17.5

[1] Excludes data for those States that did not require reporting on the month prenatal care began. These States were Alaska, Arkansas, Idaho, New Mexico, Pennsylvania, and Virginia.

[2] Includes births for which the month prenatal care began was not reported.

[3] The total line for each area includes other races not shown as a separate category.

NOTE: Data are based on reporting by physicians, estimated population counts, and the national vital registration system.

SOURCES: Bureau of Health Manpower, Department of Health, Education, and Welfare: Selected data; National Cancer Institute: Selected data; Division of Vital Statistics, National Center for Health Statistics: Selected data. Special tabulations prepared by the Information Sciences Research Institute, Silver Spring, Md., Mar. 1980.

TABLE 72. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to State and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care)

State and Race	Physicians per 100,000 Population[1]	Average Annual Number of Live Births	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third[2] Trimester, No Care, and Not Reported
			Percent of births	
United States[3]	133.9	3,212,873	70.5	9.3
White		2,603,560	74.1	8.2
Black		523,427	54.3	15.1
Northeast				
New England				
Connecticut	175.9	36,060	77.9	11.5
White		31,486	80.8	10.1
Black		4,195	56.5	22.8
Maine	105.7	15,479	74.6	6.2
White		15,256	74.6	6.2
Black		65	68.0	3.7
Massachusetts	181.5	67,431	84.3	4.6
White		62,342	85.2	4.2
Black		4,285	71.8	10.8
New Hampshire	131.2	11,454	80.2	3.7
White		11,294	80.2	3.7
Black		73	70.4	4.7
Rhode Island	159.7	11,052	85.2	3.6
White		10,275	86.1	3.4
Black		617	74.2	6.9
Vermont	155.3	6,835	72.6	5.4
White		6,783	72.7	5.4
Black		19	49.1	10.5
Middle Atlantic				
New Jersey	138.6	92,258	67.2	13.1
White		73,592	72.4	10.5
Black		17,497	45.4	24.0
New York	201.8	237,375	66.4	11.9
White		183,783	72.7	9.0
Black		48,526	43.0	23.1
Pennsylvania	138.0	150,357	---	---
White		129,659	---	---
Black		19,574	---	---
North Central				
East North Central				
Illinois	130.5	172,357	71.6	6.1
White		132,834	75.9	4.8
Black		36,658	56.2	10.5
Indiana	96.2	82,781	62.4	21.3
White		73,629	65.3	19.3
Black		8,715	38.2	38.4
Michigan	119.2	134,602	74.6	5.4
White		110,358	77.8	4.3
Black		22,930	59.6	11.1

TABLE 72. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to State and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

State and Race	Physicians per 100,000 Population[1]	Average Annual Number of Live Births	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third[2] Trimester, No Care, and Not Reported
			Percent of births	
Ohio	122.2	158,633	77.8	4.4
White		136,807	79.7	4.0
Black		20,729	65.3	7.7
Wisconsin	114.4	66,232	82.6	3.1
White		61,306	83.8	2.7
Black		3,852	67.8	6.8
West North Central				
Iowa	94.8	42,653	82.1	2.8
White		41,378	82.6	2.7
Black		890	68.6	7.0
Kansas	111.3	35,436	76.6	4.8
White		32,100	77.6	4.5
Black		2,629	67.9	6.2
Minnesota	137.8	57,764	71.2	7.3
White		55,162	72.0	6.9
Black		1,173	57.8	13.9
Missouri	115.8	70,190	75.9	5.5
White		58,815	78.2	4.9
Black		10,730	63.8	8.9
Nebraska	108.3	24,227	74.7	5.3
White		22,760	75.9	4.9
Black		1,045	59.4	9.0
North Dakota	89.3	10,903	72.8	5.0
White		10,070	74.3	4.1
Black		101	67.8	6.3
South Dakota	76.5	11,653	65.2	8.0
White		10,073	69.3	4.8
Black		58	54.3	8.7
South				
South Atlantic				
Delaware	126.0	8,320	73.6	8.5
White		6,402	78.0	7.1
Black		1,837	58.9	13.5
District of Columbia	341.5	9,834	41.6	39.4
White		1,468	54.4	32.8
Black		8,260	39.3	40.6
Florida	132.0	107,103	55.3	24.5
White		78,141	60.3	22.9
Black		27,822	41.5	28.3
Georgia	104.6	81,271	62.0	16.6
White		52,044	68.4	15.7
Black		28,559	50.7	18.2
Maryland	162.7	53,788	74.5	9.3
White		37,900	79.8	7.8
Black		14,807	61.5	13.0

TABLE 72. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to State and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

			Trimester Prenatal Care Began	
State and Race	Physicians per 100,000 Population[1]	Average Annual Number of Live Births	First Trimester	Third[2] Trimester, No Care, and Not Reported
			Percent of births	
North Carolina	103.6	82,039	72.4	4.9
White		55,896	79.9	3.1
Black		24,045	55.3	8.9
South Carolina	91.0	48,134	66.9	7.5
White		28,784	76.1	5.0
Black		18,999	53.0	11.3
Virginia	115.6	71,485	---	---
White		53,575	---	---
Black		16,583	---	---
West Virginia	99.9	28,922	61.2	9.7
White		27,704	62.0	9.2
Black		1,108	43.3	19.4
East South Central				
Alabama	85.5	59,343	69.4	7.1
White		38,533	78.9	4.6
Black		20,614	51.9	11.9
Kentucky	100.0	56,178	64.4	14.7
White		50,993	65.7	14.5
Black		4,885	51.4	16.6
Mississippi	79.9	44,078	69.0	7.3
White		22,989	79.7	5.0
Black		20,784	57.4	9.8
Tennessee	112.7	63,901	66.9	11.9
White		49,865	70.5	11.1
Black		13,679	54.0	15.5
West South Central				
Arkansas	85.1	34,785	---	---
White		25,766	---	---
Black		8,722	---	---
Louisiana	104.9	70,901	68.1	12.3
White		42,548	76.8	11.4
Black		27,806	55.0	13.4
Oklahoma	93.9	43,952	66.0	9.9
White		35,664	70.0	8.1
Black		4,315	49.4	15.2
Texas	109.3	221,202	68.2	10.8
White		186,694	70.4	10.5
Black		32,544	55.2	12.5
West				
Mountain				
Arizona	137.7	40,465	59.6	14.9
White		34,066	63.3	12.5
Black		1,592	49.4	17.1
Colorado	147.5	41,428	74.2	6.6
White		38,616	74.8	6.3
Black		1,864	66.2	9.4

TABLE 72. Non-Federal Physicians in Direct Patient Care per 100,000 Population, Number of Births and Percent for Which Prenatal Care Began in Specified Trimesters, According to State and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care) (Cont.)

State and Race	Physicians per 100,000 Population[1]	Average Annual Number of Live Births	Trimester Prenatal Care Began: First Trimester	Trimester Prenatal Care Began: Third[2] Trimester, No Care, and Not Reported
			Percent of births	
Idaho	88.3	17,488	---	---
White		17,068	---	---
Black		58	---	---
Montana	100.0	12,658	77.0	4.6
White		11,324	79.2	3.5
Black		60	78.2	5.6
Nevada	107.7	9,635	72.3	7.1
White		8,152	74.9	6.1
Black		984	56.6	12.6
New Mexico	99.8	22,052	---	---
White		18,405	---	---
Black		574	---	---
Utah	129.7	34,939	80.7	6.6
White		33,801	81.4	6.3
Black		163	65.1	15.2
Wyoming	88.2	7,544	74.9	5.6
White		7,208	75.6	5.2
Black		83	57.7	10.2
Pacific				
Alaska	75.7	7,933	---	---
White		5,709	---	---
Black		257	---	---
California	170.4	332,499	72.0	7.2
White		278,205	72.4	7.3
Black		34,924	69.1	6.6
Hawaii	137.0	16,336	69.6	6.1
White		4,326	70.5	5.4
Black		366	62.8	7.9
Oregon	137.8	35,258	74.8	5.9
White		33,344	75.4	5.6
Black		794	62.3	10.3
Washington	134.7	53,669	75.4	6.2
White		48,588	76.9	5.6
Black		1,979	59.5	11.8

[1] Physician data not available according to race.

[2] Includes births for which information on the beginning trimester of prenatal care was not reported.

[3] Total for each State includes other races not shown as a separate category.

NOTE: Data are based on reporting by physicians, estimated population counts, and the national vital registration system.

SOURCES: Bureau of Health Manpower, Department of Health, Education, and Welfare: Selected data; National Cancer Institute: Selected data; Division of Vital Statistics, National Center for Health Statistics: Selected data. Special tabulations prepared by the Information Sciences Research Institute, Silver Spring, Md., Mar. 1980.

TABLE 73. Number of Births, Non-Federal Physicians in Direct Patient Care per 100,000 Women 15–44 Years of Age and Percent of Births for Which Prenatal Care Did Not Begin Before the Third Trimester, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care)[1]

Region, Residence by County Characteristic and Race	Average Annual Number of Live Births	Physician Specialty: All Physicians	Physician Specialty: General Practice	Physician Specialty: Obstetrics and Gynecology	No Prenatal Care Before Third Trimester
		Physicians per 100,000 women 15–44 years of age[2]			*Percent of births*
United States[3]	2,908,771	609.9	106.9	41.7	9.3
White	2,353,359				8.2
Black	477,659				15.1
Within SMSA	2,096,862	702.7	99.6	49.6	9.5
White	1,664,904				8.1
Black	375,724				15.5
Large SMSA	1,141,194	790.7	101.2	55.7	9.4
White	872,314				7.8
Black	237,627				15.5
Core counties	823,174	905.4	110.2	62.8	10.3
White	586,674				8.3
Black	210,811				15.8
Fringe counties	318,019	516.4	79.9	38.6	7.2
White	285,640				6.6
Black	26,816				13.5
Medium SMSA	669,772	600.9	98.9	43.3	9.9
White	550,189				8.7
Black	99,370				16.7
Other SMSA	285,897	556.5	93.8	38.0	8.3
White	242,400				7.5
Black	38,728				12.4
Outside SMSA	811,909	334.9	128.3	18.4	9.3
White	688,456				8.3
Black	101,935				13.9
Adjacent	411,576	323.8	126.1	18.8	9.4
White	354,070				8.5
Black	50,864				14.9
Not adjacent	400,333	347.0	130.7	18.0	9.2
White	334,386				8.1
Black	51,071				12.9
Northeast	477,945	814.3	96.8	55.1	10.7
White	394,811				8.3
Black	75,276				22.6
Within SMSA	412,551	858.0	93.8	58.4	11.5
White	331,436				8.9
Black	73,910				22.8
Large SMSA	264,011	956.6	95.6	64.4	13.9
White	199,476				10.5
Black	58,915				25.3
Core counties	183,594	1,047.3	96.4	69.3	16.6
White	127,022				12.4
Black	52,148				26.8
Fringe counties	80,417	775.2	94.0	54.5	7.7
White	72,454				7.2
Black	6,767				13.5

TABLE 73. Number of Births, Non-Federal Physicians in Direct Patient Care per 100,000 Women 15–44 Years of Age and Percent of Births for Which Prenatal Care Did Not Begin Before the Third Trimester, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care)[1] (Cont.)

Region, Residence by County Characteristic and Race	Average Annual Number of Live Births	Physician Specialty			No Prenatal Care Before Third Trimester
		All Physicians	General Practice	Obstetrics and Gynecology	
Medium SMSA	126,586	685.9	90.1	49.0	7.3
White	111,956				6.5
Black	13,246				13.0
Other SMSA	21,954	608.2	92.8	36.5	6.4
White	20,004				5.9
Black	1,750				14.4
Outside SMSA	65,394	497.8	118.7	30.8	5.9
White	63,376				5.8
Black	1,366				12.7
Adjacent	43,645	459.4	117.2	32.3	6.2
White	42,069				5.9
Not adjacent	21,748	577.8	121.9	27.7	5.5
White	21,307				5.4
Black	186				9.8
North Central	867,431	537.9	110.8	35.2	6.7
White	745,293				5.9
Black	109,511				12.0
Within SMSA	591,701	625.5	99.0	43.6	6.6
White	480,619				5.5
Black	103,471				11.9
Large SMSA	352,433	678.5	94.4	49.2	6.0
White	267,944				4.7
Black	79,272				10.0
Core counties	232,925	835.6	107.1	58.8	6.9
White	156,844				5.2
Black	72,124				10.3
Fringe counties	119,508	377.8	70.0	30.7	4.2
White	111,101				3.9
Black	7,148				7.0
Medium SMSA	155,872	514.8	111.0	35.1	9.4
White	136,341				7.9
Black	18,055				20.7
Other SMSA	83,396	602.7	96.8	35.5	4.4
White	76,333				4.0
Black	6,143				8.9
Outside SMSA	275,730	328.0	139.1	15.2	6.9
White	264,674				6.6
Black	6,040				12.6
Adjacent	138,381	327.6	137.8	16.2	6.9
White	133,642				6.7
Black	3,511				12.0
Not adjacent	137,349	328.4	140.5	14.1	6.9
White	131,032				6.4
Black	2,529				13.6

TABLE 73. **Number of Births, Non-Federal Physicians in Direct Patient Care per 100,000 Women 15–44 Years of Age and Percent of Births for Which Prenatal Care Did Not Begin Before the Third Trimester, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care)[1](Cont.)**

Region, Residence by County Characteristic and Race	Average Annual Number of Live Births	Physician Specialty			No Prenatal Care Before Third Trimester
		All Physicians	General Practice	Obstetrics and Gynecology	
South	978,966	506.9	95.7	38.7	12.4
White	715,624				11.2
Black	250,064				15.7
Within SMSA	617,472	622.9	85.9	49.6	12.6
White	452,611				11.1
Black	156,727				16.6
Large SMSA	224,652	712.7	85.4	59.4	13.3
White	155,731				11.3
Black	66,153				17.8
Core counties	150,747	882.8	94.1	73.3	13.3
White	93,460				10.8
Black	55,625				17.5
Fringe counties	73,905	385.9	68.7	32.7	13.2
White	62,271				12.2
Black	10,528				19.6
Medium SMSA	258,017	587.3	87.3	44.6	12.3
White	193,424				10.8
Black	61,123				16.8
Other SMSA	134,804	524.9	83.9	41.5	12.0
White	103,456				11.8
Black	29,451				13.3
Outside SMSA	361,494	286.1	114.4	17.8	11.9
White	263,013				11.0
Black	93,337				14.0
Adjacent	181,838	266.6	114.7	15.9	12.3
White	133,345				11.1
Black	45,352				15.4
Not adjacent	179,656	306.5	114.2	19.9	11.5
White	129,668				11.0
Black	47,985				12.7
West	584,430	687.5	129.7	43.5	7.5
White	497,631				7.1
Black	42,809				7.6
Within SMSA	475,138	743.8	124.8	48.2	7.0
White	400,238				6.9
Black	41,616				7.5
Large SMSA	300,098	809.8	127.3	51.5	7.0
White	249,163				6.8
Black	33,287				6.8
Core counties	255,908	866.1	134.0	54.9	7.4
White	209,348				7.4
Black	30,915				6.9
Fringe counties	44,190	518.9	92.6	33.9	4.5
White	39,814				4.3
Black	2,372				5.8

TABLE 73. **Number of Births, Non-Federal Physicians in Direct Patient Care per 100,000 Women 15–44 Years of Age and Percent of Births for Which Prenatal Care Did Not Begin Before the Third Trimester, According to Region, Residence by County Characteristics, and Race: United States, Reporting Areas, 1975 (Physicians) and 1975–77 (Births and Prenatal Care)[1](Cont.)**

Region, Residence by County Characteristic and Race	Average Annual Number of Live Births	Physician Specialty: All Physicians	Physician Specialty: General Practice	Physician Specialty: Obstetrics and Gynecology	No Prenatal Care Before Third Trimester
Medium SMSA	129,297	639.2	120.2	44.2	8.1
White	108,467				7.7
Black	6,946				10.7
Other SMSA	45,743	521.9	118.8	33.7	5.2
White	42,608				4.9
Black	1,383				6.7
Outside SMSA	109,292	403.6	154.2	19.9	8.8
White	97,393				7.5
Black	1,192				12.5
Adjacent	47,712	386.9	144.7	23.1	8.8
White	45,014				8.4
Black	821				11.2
Not adjacent	61,580	417.3	162.1	17.3	8.8
White	52,379				6.7
Black	371				15.6

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[1] Excludes data for those States which did not require reporting on the month prenatal care began. These States were Alaska, Arkansas, Idaho, New Mexico, Pennsylvania, and Virginia.

[2] Physician data not applicable according to race.

[3] The total for each area includes other races not shown as a separate category.

NOTES: Data are based on reporting by physicians, estimated population counts, and the national vital registration system. Data on month of pregnancy prenatal care began are for 2 years only for Alabama and Massachusetts.

SOURCES: Bureau of Health Manpower, Department of Health, Education, and Welfare: selected data; National Cancer Institute: Selected data; Division of Vital Statistics, National Center for Health Statistics; selected data. Special tabulations prepared by the Information Sciences Research Institute, Silver Spring, Md., Mar. 1980.

TABLE 74. Interval Since Last Contact with a Physician and Number of Contacts per Person per Year by Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average

Characteristic	Population in Thousands	Interval Since Last Contact: Total	Under 1 Year	1–4 Years Ago	5 or More Years Ago	Never	Contacts per Year: Per Person	Per Person With Contact
		Percent distribution of population						
Total under 18 years[1]	65,722	100.0	73.7	23.0	2.2	0.4	4.1	5.6
Age								
Under 6 years	19,217	100.0	88.4	10.1	0.8	0.4	6.4	7.2
6–11 years	21,471	100.0	69.4	27.1	2.3	0.4	3.3	4.8
12–17 years	25,034	100.0	66.0	29.3	3.7	0.4	3.0	4.6
Sex								
Male	33,436	100.0	73.7	23.0	2.1	0.4	4.2	5.8
Female	32,286	100.0	73.6	23.0	2.3	0.4	4.0	5.4
Race								
White	54,967	100.0	74.9	22.1	1.9	0.3	4.3	5.7
Black	9,831	100.0	66.3	28.1	3.7	0.7	3.2	4.8
Other	924	100.0	75.3	18.7	3.0	1.1	*4.2	*5.6
Family income								
Under $5,000	7,707	100.0	70.6	24.0	3.3	0.8	4.3	6.1
$5000–$9,999	13,634	100.0	69.7	25.7	3.3	0.7	3.7	5.3
$10,000–$14,999	15,647	100.0	74.0	23.2	1.8	0.3	4.1	5.5
$15,000 or more	23,776	100.0	77.6	20.4	1.4	0.1	4.4	5.7
Parental presence								
Both parents present	52,732	100.0	74.5	23.0	2.1	0.4	4.1	5.5
Mother only present	10,126	100.0	74.0	23.2	2.3	0.5	4.2	5.7
Neither parent present	2,204	100.0	72.3	24.1	3.3	0.4	4.3	6.0
Education of family head								
8 years or less	10,945	100.0	62.6	30.9	5.3	1.3	2.8	4.4
9–11 years	11,552	100.0	69.8	27.0	2.8	0.4	3.7	5.3

TABLE 74. Interval Since Last Contact with a Physician and Number of Contacts per Person per Year by Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average (Cont.)

Characteristic	Population in Thousands	Interval Since Last Contact: Total	Interval Since Last Contact: Under 1 Year	Interval Since Last Contact: 1–4 Years Ago	Interval Since Last Contact: 5 or More Years Ago	Interval Since Last Contact: Never	Contacts per Year: Per Person	Contacts per Year: Per Person With Contact
		Percent distribution of population						
12 years	23,053	100.0	75.2	23.0	1.6	0.2	4.1	5.5
13–15 years	8,946	100.0	80.6	18.4	0.9	0.2	4.8	6.0
16 years or more	10,578	100.0	84.3	14.9	0.7	0.1	5.4	6.4
Family size								
3 persons or fewer	11,593	100.0	83.6	14.3	1.2	0.2	5.9	7.1
4 persons	18,842	100.0	79.7	18.3	1.1	0.2	4.8	6.0
5 persons	15,228	100.0	73.0	24.2	1.8	0.4	3.8	5.2
6 or more persons	20,059	100.0	62.7	31.5	4.1	0.7	2.7	4.3
Residence								
Within SMSA	47,907	100.0	75.3	21.7	1.8	0.4	4.4	5.8
Large SMSA	26,192	100.0	76.7	20.7	1.5	0.3	4.4	5.8
Core counties	17,203	100.0	76.0	21.0	1.7	0.4	4.3	5.6
Fringe counties	8,989	100.0	78.0	20.2	1.1	0.2	4.8	6.1
Medium SMSA	15,196	100.0	74.5	22.1	2.2	0.5	4.3	5.8
Other SMSA	6,519	100.0	71.3	25.1	2.5	0.3	4.1	5.8
Outside SMSA	17,815	100.0	69.3	26.3	3.2	0.5	3.5	5.0
Adjacent to SMSA	11,796	100.0	70.1	25.4	3.2	0.4	3.6	5.1
Not adjacent to SMSA	6,020	100.0	67.7	28.0	3.2	0.6	3.4	4.9
Region								
Northeast	14,700	100.0	78.2	19.6	1.4	0.2	4.5	5.7
North Central	17,545	100.0	74.4	23.0	1.7	0.3	4.1	5.5
South	21,644	100.0	69.8	25.6	3.1	0.6	3.7	5.3
West	11,833	100.0	73.9	22.3	2.4	0.5	4.5	6.1

[1] Includes children living with father only, and unknown family income and education of head, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 75. Source or Place of Last Contact with Physicians by Children and Youths Under 18 Years of Age, According to Age, Family Income, and Race: United States, 1975–76 Annual Average

Age, Family Income, and Race	Total	Source or Place of Contact				
		Physician's Office	Hospital Outpatient Clinic or Emergency Room	Telephone	Home	Other
	Percent distribution of contacts					
Total under 18 years[1]	100.0	63.4	14.2	16.9	0.6	4.9
Age						
Under 6 years	100.0	59.7	13.4	21.0	0.5	5.4
6–11 years	100.0	64.4	14.4	16.7	0.6	3.9
12–17 years	100.0	68.4	15.2	10.5	0.9	5.0
Family income						
Under $5,000	100.0	55.8	23.0	11.1	0.2	9.9
$5,000–$9,999	100.0	57.4	20.7	13.3	0.4	8.2
$10,000–$14,999	100.0	65.1	12.5	18.3	0.3	3.8
$15,000 or more	100.0	67.1	9.3	20.0	0.9	2.7
Color						
White	100.0	65.3	11.9	18.2	0.7	3.9
All other	100.0	50.9	29.1	8.5	0.3	11.2

[1] Includes children with unknown family income, not shown as a separate category.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Health Statistics: Data from the Health Interview Survey.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

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TABLE 78. Reason for Last Contact With a Physician by Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975

Characteristic	Total	Reason for Contact					
		Diagnosis or Treatment	General Checkup	Immunization	Eye Examination	Prenatal or Postnatal Care	Other
		Percent distribution of contacts					
Total under 18 years[1]	100.0	80.4	13.0	4.8	0.6	0.5	0.8
Age							
Under 6 years	100.0	75.4	15.9	7.6	0.3	0.0	0.8
6–11 years	100.0	87.5	8.1	3.3	1.0	0.0	0.1
12–17 years	100.0	81.5	13.1	1.7	0.7	1.6	1.5
Sex							
Male	100.0	80.6	13.6	4.7	0.6	0.0	0.6
Female	100.0	80.1	12.4	4.8	0.6	0.9	1.0
Race							
White	100.0	80.8	13.1	4.5	0.6	0.3	0.8
Black	100.0	78.4	12.6	6.2	0.5	1.3	1.0
Other	100.0	73.9	14.6	10.3	0.0	0.0	1.1
Family income							
Under $5,000	100.0	81.8	10.1	6.1	0.0	1.1	0.9
$5,000–$9,999	100.0	79.5	12.8	5.3	0.8	0.6	1.0
$10,000–$14,999	100.0	80.6	12.4	6.2	0.3	0.3	0.3
$15,000 or more	100.0	80.5	14.2	3.4	0.8	0.2	1.0
Parental presence							
Both parents present	100.0	84.3	10.9	2.9	1.0	0.3	0.6
Mother only present	100.0	84.6	10.3	3.3	0.3	0.8	0.7
Neither parent present	100.0	73.0	13.7	3.2	0.0	7.7	2.4

Education of family head							
8 years or less	100.0	84.2	7.1	5.9	1.1	0.9	0.8
9–11 years	100.0	82.0	10.8	5.6	0.0	0.9	0.8
12 years	100.0	79.4	13.8	4.9	0.6	0.4	1.0
13–15 years	100.0	79.8	15.5	3.7	0.5	0.1	0.3
16 years or more	100.0	78.8	15.4	3.8	0.8	0.2	1.0
Family size							
3 persons or fewer	100.0	78.3	14.4	4.9	0.6	0.8	1.0
4 persons	100.0	80.7	13.6	4.0	0.6	0.2	0.9
5 persons	100.0	79.8	13.0	6.1	0.6	0.1	0.4
6 or more persons	100.0	82.6	10.8	4.3	0.7	0.8	0.8
Residence							
Within SMSA	100.0	80.5	13.4	4.4	0.6	0.4	0.8
Large SMSA	100.0	80.1	14.0	4.0	0.6	0.3	1.0
Core counties	100.0	80.3	13.9	3.6	0.7	0.5	1.0
Fringe counties	100.0	79.6	14.1	4.9	0.5	0.0	0.9
Medium SMSA	100.0	81.5	12.6	4.4	0.5	0.5	0.5
Other SMSA	100.0	80.0	12.6	5.4	0.6	0.6	0.8
Outside SMSA	100.0	80.0	11.9	6.2	0.6	0.6	0.7
Adjacent to SMSA	100.0	80.0	12.4	4.9	0.9	0.8	1.0
Not adjacent to SMSA	100.0	79.9	11.1	8.5	0.0	0.2	0.3
Region							
Northeast	100.0	79.6	14.9	3.7	0.8	0.3	0.8
North Central	100.0	78.4	14.5	5.2	0.9	0.5	0.6
South	100.0	80.9	11.2	5.9	0.3	0.7	1.1
West	100.0	83.3	11.5	3.9	0.5	0.2	0.6

[1] Includes children living with father only, and with unknown family income and education of head, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 77. Source or Place of First Contact for Medical Attention for Injuries of Children and Youths Under 18 Years of Age, According to Sex and Family Income: United States, 1975

Sex and Family Income	Total	Source or Place of First Medical Attention Hospital	Physician's Office	Telephone	Other
		Percent distribution of contacts			
Both sexes[1]					
All incomes	100.0	46.9	30.7	15.3	6.8
Under $5,000	100.0	59.0	26.6	5.1	9.2
$5,000–$9,999	100.0	57.9	25.2	10.6	5.4
$10,000–$14,999	100.0	43.4	30.6	19.1	6.2
$15,000 or more	100.0	37.2	36.7	19.0	7.0
Male[1]					
All incomes	100.0	49.8	28.4	14.3	6.8
Under $5,000	100.0	55.6	33.5	–	10.9
$5,000–$9,999	100.0	68.2	18.4	10.6	1.5
$10,000–$14,999	100.0	42.8	31.9	17.6	6.5
$15,000 or more	100.0	42.9	30.7	17.7	8.7
Female[1]					
All incomes	100.0	42.3	34.2	16.9	6.6
Under $5,000	100.0	62.2	20.4	9.7	7.7
$5,000–$9,999	100.0	39.3	37.6	10.6	12.5
$10,000–$14,999	100.0	44.3	28.6	21.4	5.7
$15,000 or more	100.0	27.9	46.6	21.1	4.4

[1] Includes children of unknown family income, not shown as a separate category.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 78. Sources or Places of Physician Contacts by Children and Youths Under 18 Years of Age During the Past 12 Months, According to Selected Characteristics: United States, 1974

		Source or Place of Care								
					Hospital					
Characteristic	Population in Thousands	Private Physician's Office or Clinic	Group Practice	Telephone	Outpatient Clinic	Emergency Room	Public Health Clinic	Neighborhood Health Center	Home	Company or Industry Clinic
				Number using specified source or place in thousands						
Total under 18 years[1]	67,247	37,205	12,996	14,815	5,543	10,895	2,432	915	858	176
				Percent of population						
Total under 18 years[1]	67,247	55.3	19.3	22.0	8.2	16.2	3.6	1.4	1.3	0.3
Age										
Under 6 years	19,649	65.8	26.6	38.1	10.9	22.1	7.1	2.6	1.8	0.3
6–11 years	22,155	52.1	18.0	19.2	6.7	12.7	2.6	0.9	1.2	0.1
12–17 years	25,443	50.0	14.9	12.1	7.5	14.7	1.9	0.8	0.9	0.4
Race										
White	56,493	58.8	20.5	24.8	6.9	16.3	3.1	0.9	1.3	0.2
Black	9,628	35.4	11.8	6.4	16.1	16.2	7.0	4.1	1.1	0.4
Health status										
Excellent and good	63,759	54.9	19.3	21.7	7.7	15.7	3.5	1.2	1.2	0.3
Fair and poor	3,129	64.4	20.9	30.2	18.3	27.6	6.7	3.7	3.0	0.2
Family income										
Less than $5,000	8,029	43.8	13.9	12.0	14.3	18.5	8.9	4.5	1.1	0.6
$5,000–$9,999	15,392	49.0	15.6	17.9	9.3	16.9	5.0	1.7	0.8	0.2
$10,000–$14,999	18,829	57.4	20.3	25.4	7.7	16.7	3.0	1.1	1.0	0.2
$15,000 or more	21,287	63.2	23.9	27.2	5.9	14.8	1.5	0.3	1.9	0.2

TABLE 78. Sources or Places of Physician Contacts by Children and Youths Under 18 Years of Age During the Past 12 Months, According to Selected Characteristics: United States, 1974 (Cont.)

Characteristic	Population in Thousands	Source or Place of Care: Private Physician's Office or Clinic	Group Practice	Telephone	Hospital: Outpatient Clinic	Hospital: Emergency Room	Public Health Clinic	Neighborhood Health Center	Home	Company or Industry Clinic
				Number using specified source or place in thousands						
Residence										
SMSA	46,097	56.2	20.0	23.9	9.3	17.3	3.4	1.6	1.5	0.3
Central city	19,227	49.0	18.1	19.6	12.6	18.1	5.0	2.8	1.6	0.5
Outside central city	26,871	61.3	21.4	27.0	6.8	16.7	2.3	0.7	1.4	0.2
Outside SMSA	21,150	53.5	17.8	17.9	6.0	13.9	4.1	0.9	0.8	0.1
Region										
Northeast	15,187	61.8	15.2	24.1	9.4	19.3	2.7	1.5	2.4	0.4
North Central	18,351	55.5	20.8	25.3	6.7	15.8	2.7	1.0	1.2	0.2
South	21,446	53.8	17.6	19.2	8.6	15.8	5.1	1.6	0.8	0.3
West	12,263	49.7	25.3	19.5	8.4	13.6	3.6	1.1	0.8	0.3

[1] Includes children of other races and unknown family income, not shown as separate categories.

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Percents add to more than 100 because some children received care at more than one place during the year.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 79. Places Where Children and Youths Under 18 Years of Age Had Seen a Physician Within the Past 12 Months, According to Type of Place and Selected Characteristics: United States, 1974

				Private Physician				Institutional Only		
Characteristic	Population in Thousands	Total	No Visit	Total	Private Physician Only	Private, With Hospital Only	Private With Free-standing, With or Without Hospital	Total	Hospital Only	Free-standing, With or Without Hospital
					Percent distribution of population					
Total under 18 years[1]	67,247	100.0	31.2	62.0	44.6	14.3	3.2	6.8	5.1	1.8
Age										
Under 6 years	19,649	100.0	16.4	75.2	49.2	19.5	6.5	8.4	5.4	3.0
6–11 years	22,155	100.0	35.7	58.1	45.1	11.0	2.0	6.2	4.8	1.3
12–17 years	25,443	100.0	38.6	55.2	40.4	13.2	1.6	6.1	5.0	1.1
12–15 years	16,726	100.0	38.8	55.3	40.7	13.2	1.5	5.9	4.9	1.0
16–17 years	8,716	100.0	38.3	55.1	40.0	13.2	2.0	6.6	5.2	1.4
Race										
White	56,493	100.0	29.3	65.8	47.7	15.2	2.9	4.9	3.8	1.1
Black	9,628	100.0	42.0	40.1	26.2	9.0	4.9	17.8	12.3	5.5
Health status										
Excellent and good	63,759	100.0	31.6	61.7	44.9	13.8	3.0	6.7	5.0	1.7
Fair and poor	3,129	100.0	21.0	70.2	38.4	24.9	6.9	8.7	5.8	2.9
Family income										
Under $5,000	8,029	100.0	36.4	49.5	30.0	12.2	7.2	14.1	8.8	5.3
$5,000–$9,999	15,392	100.0	35.6	54.7	37.4	13.6	3.7	9.7	6.8	2.9
$10,000–$14,999	18,829	100.0	29.4	64.8	46.5	15.3	2.9	5.8	4.6	1.2
$15,000 or more	21,287	100.0	26.4	70.7	53.8	15.1	1.7	2.9	2.6	0.3

TABLE 79. Places Where Children and Youths Under 18 Years of Age Had Seen a Physician Within the Past 12 Months, According to Type of Place and Selected Characteristics: United States, 1974 (Cont.)

Characteristic	Population in Thousands	Total	No Visit	Private Physician: Total	Private Physician: Private Physician Only	Private Physician: Private, With Hospital Only	Private Physician: Private With Free-standing, With or Without Hospital	Institutional Only: Total	Institutional Only: Hospital Only	Institutional Only: Free-standing, With or Without Hospital
				Percent distribution of population						
Residence										
SMSA	46,097	100.0	29.3	62.9	44.9	14.9	3.1	7.8	5.9	1.9
Central city	19,227	100.0	32.7	55.3	37.5	13.6	4.2	12.0	8.6	3.4
Outside central city	26,871	100.0	26.9	68.2	50.1	15.9	2.3	4.8	4.0	0.8
Outside SMSA	21,150	100.0	35.3	60.1	43.9	12.8	3.4	4.6	3.5	1.4
Region										
Northeast	15,187	100.0	26.6	65.8	46.2	17.2	2.3	7.4	5.6	1.8
North Central	18,351	100.0	30.7	64.9	47.3	15.0	2.6	4.4	3.3	1.0
South	21,446	100.0	33.4	58.4	41.5	12.6	4.3	8.2	5.8	2.3
West	12,263	100.0	33.3	59.4	43.8	12.5	3.1	7.3	5.5	1.7

[1] Includes children of other races and unknown family income, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 89. Office Visits to Physicians per Person per Year and Percent Distribution of Office Visits by Children and Youths Under 18 Years of Age, According to Physician Specialty and Sex and Age of Patient: United States, 1975–76 Annual Average

Sex and Age	Office Visits per Person per Year	Total	Physician Specialty: Pediatrics	General Practice and Family Medicine	Internal Medicine	Obstetrics and Gynecology	All Other
			Percent distribution of visits				
Total under 18 years	2.0	100.0	40.3	33.8	2.4	2.1	21.4
Under 6 years	2.9	100.0	56.8	29.8	0.9	1.0	11.5
Under 1 year	5.9	100.0	59.8	30.1	0.8	1.4	7.9
1–5 years	2.4	100.0	55.5	29.7	0.9	0.7	13.2
6–11 years	1.5	100.0	41.0	31.8	1.9	0.8	24.5
12–17 years	1.6	100.0	16.9	40.7	5.0	4.5	32.9
12–15 years	1.5	100.0	23.1	38.7	4.1	2.2	31.9
16–17 years	1.9	100.0	7.2	43.8	6.4	8.2	34.4
Male, under 18 years	2.0	100.0	41.3	33.7	2.2	0.6	22.2
Under 6 years	3.0	100.0	56.6	29.2	1.0	0.8	12.4
Under 1 year	6.0	100.0	58.1	30.9	0.7	1.0	9.3
1–5 years	2.5	100.0	55.9	28.5	1.1	0.7	13.8
6–11 years	1.5	100.0	40.0	33.1	2.1	0.6	24.2
12–17 years	1.5	100.0	19.0	41.2	4.3	0.3	35.2
12–15 years	1.5	100.0	24.0	39.4	3.7	0.3	32.6
16–17 years	1.5	100.0	9.4	44.6	5.4	0.2	40.4
Female, under 18 years	1.9	100.0	39.3	33.8	2.6	3.6	20.7
Under 6 years	2.8	100.0	57.1	30.5	0.7	1.1	10.6
Under 1 year	5.8	100.0	61.5	29.3	0.9	2.0	6.3
1–5 years	2.3	100.0	55.0	31.1	0.6	0.7	12.6

TABLE 80. Office Visits to Physicians per Person per Year and Percent Distribution of Office Visits by Children and Youths Under 18 Years of Age, According to Physician Specialty and Sex and Age of Patient: United States, 1975–76 Annual Average (Cont.)

Sex and Age	Office Visits per Person per Year	Total	Physician Specialty				
			Pediatrics	General Practice and Family Medicine	Internal Medicine	Obstetrics and Gynecology	All Other
			Percent distribution of visits				
6–11 years	1.4	100.0	42.1	30.4	1.6	1.1	24.8
12–17 years	1.7	100.0	15.0	40.3	5.7	8.4	30.6
12–15 years	1.5	100.0	22.2	38.0	4.5	4.2	31.1
16–17 years	2.2	100.0	5.7	43.3	7.1	13.8	30.1

NOTE: Data are based on reporting by a sample of office-based physicians.

SOURCE: Division of Health Resources Utilization Statistics, National Center for Health Statistics: Data from the National Ambulatory Medical Care Survey.

TABLE 81. Office Visits to Physicians per Person per Year and Percent Distribution of Office Visits by Children and Youths Under 18 Years of Age, According to Whether Principal Diagnosis was Disease, Injury, or Examination Without Diagnosis and Sex and Age of Patient: United States, 1975–76 Annual Average

Sex and Age	Office Visits per Person per Year	Total[1]	Diseases and Conditions ICDA Nos. 000–796[2]	External Causes ICDA Nos. E800–E999[2]	Examination and Observation	
					Total ICDA Nos. 793, Y00–Y13	Prenatal Care ICDA No. Y06
			Percent distribution of visits			
Total under 18 years	2.0	100.0	65.6	8.2	25.4	*0.8
Under 6 years	2.9	100.0	62.5	4.6	32.4	...
Under 1 year	5.9	100.0	48.0	1.9	49.4	...
1–5 years	2.4	100.0	69.3	5.8	24.4	...
6–11 years	1.5	100.0	71.8	9.5	18.0	...
12–17 years	1.6	100.0	65.1	12.3	21.3	3.3
12–15 years	1.5	100.0	66.4	12.8	19.6	1.5
16–17 years	1.9	100.0	63.1	11.6	23.9	6.2
Male, under 18 years	2.0	100.0	64.5	10.0	24.6	...
Under 6 years	3.0	100.0	62.9	5.2	31.4	...
Under 1 year	6.0	100.0	49.8	2.5	46.9	...
1–5 years	2.5	100.0	69.0	6.4	24.2	...
6–11 years	1.5	100.0	71.7	10.9	16.5	...
12–17 years	1.5	100.0	60.6	16.8	21.5	...
12–15 years	1.5	100.0	61.9	16.3	20.7	...
16–17 years	1.5	100.0	58.3	17.7	23.0	
Female, under 18 years	1.9	100.0	66.7	6.3	25.8	*1.2
Under 6 years	2.8	100.0	61.9	3.9	33.5	...
Under 1 year	5.8	100.0	46.1	1.2	52.1	...
1–5 years	2.3	100.0	69.6	5.2	24.5	...
6–11 years	1.4	100.0	71.8	7.9	19.7	...
12–17 years	1.7	100.0	69.1	8.2	21.1	6.3
12–15 years	1.5	100.0	71.2	9.0	18.5	3.0
16–17 years	2.2	100.0	66.5	7.2	24.5	10.5

[1] Includes unknown diagnoses, not shown as a separate category.

[2] Diagnoses are coded according to the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*

NOTE: Data are based on reporting by a sample of office-based physicians.

SOURCE: Division of Health Utilization Statistics, National Center for Health Statistics: Data from the National Ambulatory Medical Care Survey.

TABLE 82. Office Visits to Physicians by Children and Youths Under 15 Years of Age, According to Physician Specialty and Most Common Principal Diagnosis: United States, 1975–76 Annual Average

Principal Diagnosis	ICDA Code[1]	Office Visits per 1,000 Population per Year	Physician Specialty: All Specialties	General and Family Practice	Internal Medicine	Pediatrics	Obstetrics and Gynecology	Other Medical	Other Surgical	Other
			Percent distribution of visits							
Total visits by population under 15 years		[2]1,982.1	100.0	31.6	1.7	47.1	1.0	2.9	13.8	2.0
Medical or special exams	Y00	360.2	100.0	23.7	*0.7	70.1	0.7	*0.1	3.5	*1.3
Acute URI[3] except influenza	460–465	326.6	100.0	42.5	2.0	49.8	0.6	*0.0	3.3	1.8
Diseases of ear and mastoid process	380–389	169.1	100.0	28.5	*0.7	54.8	0.3	*0.6	14.2	*1.0
Infective and parasitic diseases	000–136	151.8	100.0	36.1	*2.3	48.7	0.8	7.3	*3.4	*1.3
Infections and inflammations of skin	680–698	91.9	100.0	39.2	*1.8	43.3	1.4	10.9	*2.8	*0.6
Bronchitis, emphysema, asthma	490–493	83.9	100.0	29.2	*2.2	58.1	0.5	7.7	*1.3	*1.1
Hay fever	507	47.1	100.0	19.5	*4.4	48.8	0.2	21.7	*5.3	*0.2

[1] Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*
[2] Includes office visits to physicians for all other diagnoses not shown as a separate category.
[3] Upper respiratory infections.

NOTES: Data are based on reporting by a sample of office-based physicians. Rates are based on the average annual civilian noninstitutionalized population, excluding Alaska and Hawaii.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 83. Office Visits to Physicians by Children and Youths Under 15 Years of Age, According to Prior Visit Status, Seriousness of Problem, and Most Common Principal Diagnosis: United States, 1975–76 Annual Average

Principal Diagnosis	ICDA Code[1]	Office Visits per 1,000 Population Per Year	Prior Visit Status			Seriousness of Problem		
			Patient Never Seen Before	Patient Seen Before: Current Problem	Patient Seen Before: Another Problem	Serious or Very Serious	Slightly Serious	Not Serious
			Percent distribution of visits			*Percent distribution of visits*		
Total visits by population under 15 years		[2]1,982.1	14.5	51.4	34.1	11.3	31.6	57.1
Medical or special exams	Y00	360.2	10.9	65.0	24.1	0.8	2.8	96.5
Acute URI[3] except influenza	460–465	326.6	12.5	42.0	45.5	8.8	43.8	47.4
Diseases of ear and mastoid process	380–389	169.1	12.7	53.7	33.6	14.7	52.1	33.2
Infective and parasitic diseases	000–136	151.8	18.3	30.7	51.1	11.5	39.0	49.4
Infections and inflammations of skin	680–698	91.9	17.5	41.0	41.5	10.5	31.9	57.6
Bronchitis, emphysema, asthma	490–493	83.9	6.9	66.3	26.8	16.5	55.0	28.5
Hay fever	507	47.1	*5.5	*85.6	8.9	*6.8	34.7	58.5

[1] Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*
[2] Includes office visits to physicians for all other diagnoses not shown as a separate category.
[3] Upper respiratory infections.

NOTES: Data are based on reporting by a sample of office-based physicians. Rates are based on the average annual civilian noninstitutionalized population, excluding Alaska and Hawaii.

SOURCE: National Center for Health Statistics: *Health United States, 1978*. DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 84. Office Visits to Physicians by Children and Youths Under 15 Years of Age, According to Length of Time With Physician and Most Common Principal Diagnosis: United States, 1975–76 Annual Average

Principal Diagnosis	ICDA Code[1]	Office Visits per 1,000 Population	Total[2]	Length of Time With Physician: 1–5 Minutes	6–10 Minutes	11–15 Minutes	16–30 Minutes	31 Minutes or More
				Percent distribution of visits				
Total visits by population under 15 years		[3]1,982.1	100.0	18.2	39.1	26.2	11.9	1.9
Medical or special exams	Y00	360.2	100.0	8.9	33.6	40.9	14.6	*1.2
Acute URI[4] except influenza	460–465	326.6	100.0	19.6	50.3	22.9	6.6	*0.3
Diseases of ear and mastoid process	380–389	169.1	100.0	23.9	46.8	21.0	7.1	*0.4
Infective and parasitic diseases	000–136	151.8	100.0	17.7	42.0	25.4	11.8	*1.0
Infections and inflammations of skin	680–698	91.9	100.0	30.0	37.7	18.7	6.4	*0.5
Bronchitis, emphysema, asthma	490–493	83.9	100.0	15.9	43.9	23.1	9.8	*2.7
Hay fever	507	47.1	100.0	19.9	26.4	17.1	*8.9	*5.2

[1] Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*
[2] Percents may not add to 100.0 owing to exclusion of visits with unknown duration.
[3] Includes office visits to physicians for all other diagnoses not shown as a separate category.
[4] Upper respiratory infections.

NOTES: Data are based on reporting by a sample of office-based physicians. Rates are based on the average annual civilian noninstitutionalized population, excluding Alaska and Hawaii.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 85. Office Visits to Physicians by Children and Youths Under 15 Years of Age, According to Selected Diagnostic and Therapeutic Service Provided and Most Common Principal Diagnosis: United States, 1975–76 Annual Average

Principal Diagnosis	ICDA Code[1]	Office Visits per 1,000 Population per Year[2]	Selected Diagnostic Service[3]			Selected Therapeutic Service[3]		
			General History or Exam	Blood Pressure Check	Clinical Lab Test	Drug Prescribed	Medical Counseling	Injection, Immunization, or Desensitization
			Percent of visits					
Total visits by population under 15 years		[4]1,982.1	22.6	7.8	16.8	41.4	13.1	26.2
Medical or special exams	Y00	360.2	59.8	15.2	23.6	6.1	17.9	51.5
Acute URI[5] except influenza	460–465	326.6	14.1	4.8	23.6	78.2	7.7	22.2
Diseases of ear and mastoid process	380–389	169.1	13.0	*2.2	6.6	72.3	9.7	14.4
Infective and parasitic diseases	000–136	151.8	17.6	6.8	27.1	54.6	14.0	14.2
Infections and inflammations of skin	680–698	91.9	7.7	*2.6	6.7	60.1	13.1	31.6
Bronchitis, emphysema, asthma	490–493	83.9	11.9	*2.8	8.1	63.0	11.8	45.1
Hay fever	507	47.1	*7.7	*1.2	*4.3	27.5	*10.6	67.8

[1] Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*
[2] Includes all services not shown as a separate category.
[3] More than one service was possible.
[4] Includes office visits to physicians for all other diagnoses not shown as a separate category.
[5] Upper respiratory infections.

NOTES: Data are based on reporting by a sample of office-based physicians. Rates are based on the average annual civilian noninstitutionalized population, excluding Alaska and Hawaii.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 86. Office Visits to Physicians by Children and Youths Under 15 Years of Age, According to Selected Disposition of Visit and Most Common Principal Diagnosis: United States, 1975–76 Annual Average

Principal Diagnosis	ICDA Code[1]	Office Visits per 1,000 Population per Year	Selected Disposition[2]			
			No Followup	Return at Specified Time	Return If Needed	Telephone Followup
			Percent of visits			
Total visits by population under 15 years		1,982.1	19.9	47.6	26.0	6.1
Medical or special exams	Y00	360.2	24.6	64.9	11.0	*1.1
Acute URI, except influenza	460–465	326.6	20.6	26.3	42.9	11.9
Diseases of ear and mastoid process	380–389	169.1	15.8	54.6	24.6	*2.3
Infective and parasitic diseases	000–136	151.8	20.5	32.0	33.9	14.3
Infections and inflammations of skin	680–698	91.9	17.1	43.7	36.5	7.1
Bronchitis, emphysema, asthma	490–493	83.9	7.7	53.5	33.2	*6.6
Hay fever	507	47.1	*6.0	77.6	19.0	*2.1

[1] Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*

[2] More than one disposition was possible.

NOTES: Data are based on reporting by a sample of office-based physicians. Rates are based on the average annual civilian noninstitutionalized population, excluding Alaska and Hawaii.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 87. Interval Since Last Visit to a Dentist and Number of Visits per Person per Year by Children and Youths 4–17 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average

Characteristic	Population in Thousands	Interval Since Last Visit: Total	Under 1 Year	1–2 Years	2–4 Years	5 or More Years	Never	Visits per Year: Per Person	Per Person With Visits
				Percent distribution of population					
Total 4–17 years¹	53,541	100.0	61.9	12.9	8.6	2.3	14.4	1.9	3.0
Age									
4–5 years	7,036	100.0	47.5	6.9	1.8	0.0	43.7	1.1	2.4
6–11 years	21,434	100.0	64.6	12.9	7.7	1.1	13.8	1.6	2.5
12–17 years	24,972	100.0	63.9	14.5	11.2	3.9	6.5	2.3	3.6
Sex									
Male	27,149	100.0	60.5	13.2	9.0	2.4	14.9	1.7	2.9
Female	26,240	100.0	63.6	12.5	8.1	2.1	13.7	2.0	3.1
Race									
White	44,697	100.0	65.4	12.3	8.0	2.0	12.3	2.0	3.1
Black	7,951	100.0	42.8	16.2	11.6	3.5	26.0	0.9	2.0
Other	670	100.0	59.7	12.1	10.4	2.6	15.3	*1.9	*3.2
Family income									
Under $5,000	5,871	100.0	46.6	13.6	10.7	3.3	25.8	1.2	2.6
$5,000–$9,999	10,645	100.0	49.5	14.2	11.3	3.3	21.7	1.3	2.6
$10,000–$14,999	12,363	100.0	59.6	13.7	9.6	2.4	14.7	1.7	2.8
$15,000 or more	20,525	100.0	75.1	11.3	5.7	1.2	6.7	2.5	3.4
Parental presence									
Both parents present	42,657	100.0	63.9	12.3	8.0	2.1	13.7	1.9	3.0
Mother only present	8,358	100.0	55.7	15.0	10.4	2.7	16.2	1.6	2.9
Neither parent present	1,890	100.0	46.7	15.0	12.7	3.5	22.1	1.3	2.9
Education of family head									
8 years or less	9,378	100.0	42.2	14.4	12.4	4.5	26.6	1.2	2.9
9–11 years	9,482	100.0	53.9	15.0	10.9	2.9	17.3	1.4	2.6

TABLE 87. Interval Since Last Visit to a Dentist and Number of Visits per Person per Year by Children and Youths 4–17 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average (Cont.)

Characteristic	Population in Thousands	Interval Since Last Visit: Total	Under 1 Year	1–2 Years	2–4 Years	5 or More Years	Never	Visits per Year: Per Person	Per Person With Visits
		Percent distribution of population							
12 years	18,626	100.0	64.0	13.2	8.7	1.8	12.3	1.8	2.8
13–15 years	7,039	100.0	70.8	11.9	6.4	1.6	9.4	2.3	3.3
16 years or more	8,459	100.0	82.2	8.8	3.2	0.5	5.3	2.9	3.5
Family size									
3 persons or fewer	7,786	100.0	65.3	12.1	8.2	2.3	12.1	2.1	3.2
4 persons	14,668	100.0	67.1	11.3	6.8	1.5	13.3	2.0	3.0
5 persons	13,150	100.0	65.1	13.1	7.6	1.9	12.3	2.0	3.1
6 or more persons	17,929	100.0	54.1	14.2	10.9	3.1	17.7	1.6	2.9
Residence									
Within SMSA	38,969	100.0	64.1	12.8	8.2	2.0	12.9	2.0	3.1
Large SMSA	21,454	100.0	64.3	12.9	8.2	2.0	12.7	2.2	3.4
Core county	13,956	100.0	64.3	12.9	8.2	2.0	12.7	2.0	3.1
Fringe county	7,499	100.0	71.2	12.1	6.8	1.1	8.8	2.4	3.4
Medium SMSA	12,291	100.0	62.2	12.8	8.4	2.6	14.1	1.9	3.1
Other SMSA	5,243	100.0	58.3	13.2	9.6	2.3	16.6	1.6	2.7
Outside SMSA	14,522	100.0	56.3	13.1	9.7	2.8	18.1	1.5	2.7
Adjacent to SMSA	9,646	100.0	57.4	12.3	9.8	2.7	17.8	1.6	2.8
Not adjacent to SMSA	4,906	100.0	54.0	14.7	9.4	3.0	18.8	1.3	2.4
Region									
Northeast	12,144	100.0	70.0	11.9	6.9	1.3	9.9	2.1	2.9
North Central	14,316	100.0	66.4	12.7	8.0	1.9	11.0	2.0	3.1
South	17,547	100.0	52.4	13.3	10.2	3.2	20.9	1.4	2.7
West	9,528	100.0	62.8	13.5	8.5	2.3	13.1	2.2	3.5

[1] Includes children living with father only, and unknown family income and education of head, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 83. Admissions of Children and Youths Under 18 Years of Age to Selected Inpatient and Outpatient Psychiatric Services and Admission Rate per 100,000 Population,[1] According to Type of Service, Age, Sex, Race, and Ethnicity: United States, 1975

Age, Sex, Race, and Ethnicity	Type of Service						
	Inpatient Psychiatric Services						Outpatient Psychiatric Services
	All Inpatient Psychiatric Services	Private	State and County	General Hospitals			
				Total	Public	Nonpublic	
				Number of clients			
Total under 18 years	83,368	15,426	25,252	42,690	11,067	31,623	358,061
Age							
Under 5 years	416	*	*	*	*	*	17,734
5–9 years	2,470	550	1,187	733	551	*	111,743
10–14 years	25,834	4,639	9,974	11,221	2,530	8,691	134,202
15–17 years	54,648	10,231	13,966	30,451	7,701	22,750	94,382
Sex							
Male	43,891	7,611	16,318	19,962	6,606	13,356	227,411
Female	39,477	7,815	8,934	22,728	4,461	18,267	130,650
Race							
White	65,928	13,853	17,548	34,527	7,599	26,928	280,501
Black	16,548	1,417	7,427	7,704	3,414	4,290	68,294
Other	892	156	277	459	*	*	9,266
Ethnicity							
Hispanic origin	5,304	533	742	4,029	1,840	2,189	15,731
				Percent distribution			
Total under 18 years	100.0	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 88. Admissions of Children and Youths Under 18 Years of Age to Selected Inpatient and Outpatient Psychiatric Services and Admission Rate per 100,000 Population,[1] According to Type of Service, Age, Sex, Race, and Ethnicity: United States, 1975 (Cont.)

Age, Sex, Race, and Ethnicity	Type of Service						
	Inpatient Psychiatric Services						Outpatient Psychiatric Services
	All Inpatient Psychiatric Services	Private	State and County	General Hospitals			
				Total	Public	Nonpublic	
				Number of clients			
Age							
Under 5 years	0.5	*	*	*	*	*	5.0
5–9 years	3.0	3.6	4.7	1.7	5.0	*	31.2
10–14 years	31.0	30.1	39.5	26.3	22.9	27.5	37.5
15–17 years	65.6	66.3	55.3	71.3	69.6	71.9	26.4
Sex							
Male	52.6	49.3	64.6	46.8	59.7	42.2	63.5
Female	47.4	50.7	35.4	53.2	40.3	57.8	36.5
Race							
White	79.1	89.8	69.5	80.9	68.7	85.2	78.3
Black	19.8	9.2	29.4	18.0	30.8	13.6	19.1
Other	1.1	1.0	1.1	1.1	*	*	2.6
Ethnicity							
Hispanic origin	6.4	3.5	2.9	9.4	16.6	6.9	4.4
				Rate per 100,000 population[2]			
Total under 18 years	125.8	23.3	38.1	64.4	16.7	47.7	540.4
Age							
Under 5 years	2.6	*	*	*	*	*	111.6
5–9 years	14.2	3.2	6.8	4.2	3.2	*	644.6

10–14 years	126.5	22.7	48.8	55.0	12.4	42.6	657.3
15–17 years	433.4	81.1	110.8	241.5	61.1	180.4	748.5
Sex							
Male	130.0	22.5	48.3	59.1	19.6	39.6	673.5
Female	121.5	24.1	27.5	70.0	13.7	56.2	402.1
Race							
White	118.8	25.0	31.6	62.2	13.7	48.5	505.6
Black	173.3	14.8	77.8	80.7	35.8	44.9	715.2
Other	72.5	12.7	22.5	37.3	*	*	752.7
Ethnicity							
Hispanic origin	106.8	10.7	14.9	81.1	37.1	44.1	316.8

[1] Includes admissions to the inpatient services of State and county and private mental hospitals, discharges from non-Federal general hospitals with separate psychiatric inpatient units, and admissions to freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted CMHCS.

[2] Population estimates used as denominators in rate computations are from the Current Population Reports of the Bureau of the Census, Series P–25, No. 614; and Series P–20, No. 290.

NOTE: Data are based on reporting by services.

SOURCE: National Institute of Mental Health, Division of Biometry and Epidemiology: Unpublished data.

TABLE 89. Admissions of Children and Youths Under 18 Years of Age to Selected Inpatient and Outpatient Psychiatric Services,[1] According to Type of Service and Primary Psychiatric Diagnosis: United States, 1975

Number of Clients and Primary Psychiatric Diagnosis	Type of Service	
	Inpatient	Outpatient
Number of clients	83,368	358,061
	Percent distribution	
Total	100.0	100.0
Mental retardation	2.4	4.2
Alcohol and drug disorders	4.3	*
Depressive disorders	13.5	2.0
Schizophrenia	16.8	2.1
Neuroses	5.5	1.7
Personality disorders	9.1	3.7
Adjustment reactions	30.5	45.4
Behavior disorders	12.9	14.8
Other diagnoses	5.0	25.6

[1] Includes admissions to the inpatient services of State and county and private mental hospitals, discharges from non-Federal general hospitals with separate psychiatric inpatient units, and admissions of freestanding outpatient psychiatric clinics and outpatient services affiliated with other mental health facilities, excluding federally assisted community mental health clinics.

NOTE: Data are based on reporting by specialty mental health facilities.

SOURCE: National Institute of Mental Health, Division of Biometry and Epidemiology: Unpublished data.

TABLE 90. Whether Hospitalized During the Past Year and Hospital Days per Person per Year for Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average

Characteristic	Population in Thousands	Whether Hospitalized in Past Year			Hospital Days per Year	
		Total	Yes	No	Per Person	Per Person With Hospitalization
		Percent distribution				
Total under 18 years[1]	65,722	100.0	5.7	94.3	0.33	5.80
Age						
Under 6 years	19,217	100.0	8.0	92.0	0.48	6.02
6–11 years	21,471	100.0	4.4	95.6	0.20	4.61
12–17 years	25,034	100.0	5.0	95.0	0.32	6.49
Sex						
Male	33,436	100.0	6.0	94.1	0.34	5.72
Female	32,286	100.0	5.4	94.6	0.32	5.89
Race						
White	54,967	100.0	5.8	94.2	0.31	5.40
Black	9,831	100.0	5.3	94.7	0.46	8.68
Other	924	100.0	3.2	96.8	*	*
Family income						
Under $5,000	7,707	100.0	7.2	92.8	0.61	8.49
$5,000–$9,999	13,634	100.0	6.3	93.7	0.41	6.52
$10,000–$14,999	15,647	100.0	5.9	94.1	0.32	5.42
$15,000 or more	23,776	100.0	4.9	95.1	0.19	3.85
Parental presence						
Both parents present	52,732	100.0	5.3	94.7	0.28	5.37
Mother only present	10,126	100.0	6.8	93.2	0.52	7.59
Neither parent present	2,204	100.0	9.3	90.7	0.57	6.09
Education of family head						
8 years or less	10,945	100.0	5.4	94.6	0.33	6.10
9–11 years	11,552	100.0	6.4	93.6	0.53	8.32
12 years	23,053	100.0	5.8	94.2	0.33	5.66
13–15 years	8,946	100.0	5.9	94.1	0.31	5.33
16 years or more	10,578	100.0	4.9	95.1	0.14	2.77
Family size						
3 persons or fewer	11,593	100.0	6.1	94.0	0.49	8.05
4 persons	18,842	100.0	5.0	95.0	0.40	8.09
5 persons	15,228	100.0	4.6	95.4	0.22	4.88
6 or more persons	20,059	100.0	4.5	95.6	0.25	5.55
Residence						
Within SMSA	47,907	100.0	5.6	94.4	0.32	5.68
Large SMSA	26,192	100.0	5.3	94.7	0.26	4.98
Core counties	17,203	100.0	5.3	94.7	0.30	5.71
Fringe counties	8,989	100.0	5.3	94.7	0.19	3.59
Medium SMSA	15,196	100.0	5.3	94.7	0.35	6.64
Other SMSA	6,519	100.0	6.0	94.0	0.46	7.61

TABLE 90. Whether Hospitalized During the Past Year and Hospital Days per Person per Year for Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average (Cont.)

Characteristic	Population in Thousands	Whether Hospitalized in Past Year			Hospital Days per Year	
		Total	Yes	No	Per Person	Per Person With Hospitalization
		Percent distribution				
Outside SMSA	17,815	100.0	6.0	94.0	0.37	6.08
Adjacent to SMSA	11,795	100.0	6.2	93.8	0.41	6.63
Not adjacent to SMSA	6,020	100.0	5.6	94.4	0.27	4.90
Region						
Northeast	14,700	100.0	5.3	94.7	0.38	7.17
North Central	17,545	100.0	6.2	93.8	0.33	5.37
South	21,644	100.0	6.0	94.0	0.34	5.67
West	11,833	100.0	4.9	95.1	0.25	5.07

[1] Includes children living with father only, and unknown family income and education of head, not shown as separate categories.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 91. Discharges and Days of Care per 1,000 Population, and Average Length of Stay for Children and Youths Under 15 Years of Age Discharged From Non-Federal Short-Stay Hospitals, According to Sex and Leading Diagnostic Category: United States, 1975–76 Annual Average

Sex, First-Listed Diagnosis, and ICDA Code[1]		Discharges	Days of Care	Average Length of Stay
Total under 15 years		Number per 1,000 population		In days
All diagnoses[2]		71.4	322.1	4.5
Diseases of the heart	390–398, 402, 404, 410–414, 420–429	0.4	3.3	8.0
Ischemic heart disease	410–414	*0.1	*1.2	*15.8
Malignant neoplasms	140–209	0.5	4.3	9.3
Fracture	800–829	3.6	22.4	6.2
Delivery	650–662	0.3	*1.4	*4.5
Neuroses and nonpsychotic disorders	300–309	0.8	7.0	9.0
Cerebrovascular disease	430–438	*0.1	*0.8	*10.8
Pneumonia	480–486	4.5	26.3	5.9
Psychoses	290–299	*0.0	*1.4	*29.9
Diabetes mellitus	250	0.4	*2.7	*7.0
Arthritis and rheumatism	710–718	0.2	*1.8	*7.6
Diseases of arteries, arterioles, capillaries	440–448	*0.0	*0.3	*6.5
Benign neoplasms	210–228	0.7	*2.5	*3.8
Bronchitis, emphysema, asthma	490–493	2.5	11.1	4.5
Diseases of central nervous system	320–349	1.1	9.7	8.7
Ulcer	531–534	*0.1	*0.5	*6.1
Sprains and strains	840–848	*0.2	*2.4	*12.9
Eye diseases and conditions	360–379	1.4	3.6	2.5
Inguinal hernia	550,552	1.9	5.0	2.7
Congenital anomalies	740–759	3.2	19.0	6.0
Disorders of menstruation	626	*0.1	*0.3	*3.4
Intercranial injury	850–854	2.1	7.3	3.4
Appendicitis	540–543	1.8	9.9	5.6
Lacerations	870–907	1.1	4.2	3.9
Gastritis and duodenitis	535	0.3	*1.1	*3.3
Hypertension	400, 401, 403	*0.0	*0.4	*10.1

TABLE 91. Discharges and Days of Care per 1,000 Population, and Average Length of Stay for Children and Youths Under 15 Years of Age Discharged From Non-Federal Short-Stay Hospitals, According to Sex and Leading Diagnostic Category: United States, 1975–78 Annual Average (Cont.)

Sex, First-Listed Diagnosis, and ICDA Code[1]		Discharges	Days of Care	Average Length of Stay
		Number per 1,000 population		*In days*
Male under 15 years				
All diagnoses[2]		78.5	354.7	4.5
Diseases of the heart	390–398, 402, 404, 410–414, 420–429	0.5	*3.0	*6.3
Ischemic heart disease	410–414	*0.1	*0.9	*11.2
Malignant neoplasms	140–209	0.5	*4.9	*9.4
Fracture	800–829	4.5	28.3	6.3
Neuroses and nonpsychotic disorders	300–309	0.7	7.0	9.6
Cerebrovascular disease	430–438	*0.1	*0.8	*11.5
Pneumonia	480–486	5.0	28.9	5.8
Diseases of arteries, arterioles, capillaries	440–448	*0.0	*0.3	*6.2
Inguinal hernia	550,552	3.0	8.3	2.7
Psychoses	290–299	*0.1	*1.7	*34.2
Ulcer	531–534	*0.1	*0.4	*5.0
Diabetes mellitus	250	0.4	*2.5	*6.6
Bronchitis, emphysema, asthma	490–493	3.0	13.9	4.7
Diseases of central nervous system	320–349	1.2	10.2	8.6
Arthritis and rheumatism	710–718	*0.3	*2.1	*7.7
Sprains and strains	840–848	*0.2	*0.9	*4.2
Lacerations	870–907	1.5	*5.8	*4.0
Intercranial injury	850–854	2.7	8.0	3.0
Eye diseases and conditions	360–379	1.5	*4.3	*2.8
Congenital anomalies	740–759	3.9	23.7	6.1

Female under 15 years				
All diagnoses[2]		63.9	288.2	4.5
Diseases of the heart	390–398, 402, 404, 410–414, 420–429	*0.4	*3.6	*10.4
Ischemic heart disease	410–414	*0.1	*1.5	*21.4
Delivery	650–662	0.6	*2.9	*4.5
Malignant neoplasms	140–209	0.4	*3.8	*9.1
Fracture	800–829	2.7	16.2	6.1
Neuroses and nonpsychotic disorders	300–309	0.8	7.1	8.5
Cerebrovascular disease	430–438	*0.1	*0.9	*10.2
Arthritis and rheumatism	710–718	*0.2	*1.4	*7.4
Psychoses	290–299	*0.0	*1.1	*25.0
Diabetes mellitus	250	0.4	*2.9	*7.3
Benign neoplasms	210–228	0.8	*3.1	*3.9
Pneumonia	480–486	3.9	23.7	6.0
Disorders of menstruation	626	*0.2	*0.6	*3.4
Bronchitis, emphysema, asthma	490–493	2.0	8.3	4.2
Diseases of arteries, arterioles, capillaries	440–448	*0.0	*0.3	*6.9
Diseases of central nervous system	320–349	1.0	9.2	8.8
Sprains and strains	840–848	*0.1	*3.9	*26.2
Eye diseases and conditions	360–379	1.3	*3.0	2.3
Ulcer	531–534	*0.1	*0.6	*7.2
Congenital anomalies	740–759	2.5	14.1	5.7
Hypertension	400, 401, 403	*0.0	*0.5	*11.5

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[1] Diagnostic groupings and code number inclusions are based on the *Eighth Revision International Classification of Diseases, Adapted for Use in the United States*. Codes 760–771, 773, and 779 are not used in the Hospital Discharge Survey.

[2] Includes diagnoses not shown as a separate category.

NOTES: Data are based on a sample of hospital records. Rates are based on the average annual civilian noninstitutionalized population.

SOURCE: National Center for Health Statistics: *Health United States, 1978*. DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 92. Operations per 1,000 Inpatients Under 15 Years of Age Discharged Fron Non-Federal Short-Stay Hospitals, According to Sex, and Surgical Procedure: United States, 1965–66 and 1975–76 Annual Averages

Surgical Procedure	ICDA Codes[1]		Both Sexes		Male		Female	
	Seventh Revision	Eighth Revision	1965–66 Average[2]	1975–76 Average	1965–66 Average	1975–76 Average	1965–66 Average	1975–76 Average
			Operations per 1,000 population under age 15					
All operations[3]	---	---	41.1	40.7	47.3	46.4	34.5	34.7
Tonsillectomy with or without adenoidectomy	27.1–27.2	21.1–21.2	16.2	8.5	16.3	8.5	16.0	8.6
Myringotomy	---	17.0	---	3.9	---	4.5	---	3.4
Repair of inguinal hernia	40.0–40.1	38.2–38.3	2.3	2.0	4.0	3.4	0.6	0.6
Closed reduction of fracture without fixation	[4]82.0	[4]82.0	2.2	1.9	2.9	2.4	1.5	1.4
Appendectomy[5]	45.1	41.1	2.3	1.8	2.5	2.0	2.1	1.7
Adenoidectomy without tonsillectomy	27.3	21.3	0.6	1.5	0.7	1.7	0.5	1.4
Resection and recession of eye muscle	11.2–11.3	10.5–10.6	1.1	1.0	1.2	1.0	1.1	1.0
Dilation of urethra	64.5	51.5	0.5	0.9	*0.2	*0.3	0.8	1.5
Excision of lesion of skin and subcutaneous tissue	89.1	92.1–92.2	1.0	0.9	1.0	0.9	1.0	0.8

[1] Surgical groupings and code number inclusions are based on the *Seventh Revision* and *Eighth Revision International Classification of Diseases, Adapted for Use in the United States.*

[2] Includes data for which sex was not stated.

[3] Includes operations not listed in table, including operations applicable to one sex.

[4] These codes are modifications of ICDA codes for use in the Hospital Discharge Survey.

[5] Limited to estimated number of appendectomies, excluding those performed incidental to other abdominal surgery.

NOTES: Data are based on a sample of hospital records. Rates are based on the civilian noninstitutionalized population, excluding newborn infants.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 93. Cesarean Sections as a Percent of All Deliveries in Non-Federal Short-Stay Hospitals, According to Region and Age of Mother: United States, 1965–78 Selected Years

Region and Age	Year 1965	 1970	 1971	 1972	 1973	 1974	 1975	 1976	 1977	 1978
					Percent of deliveries					
United States										
All ages	4.5	5.5	5.8	7.0	7.9	9.1	10.4	12.1	13.7	15.2
Under 25 years	3.3	4.6	4.4	5.6	6.8	7.8	8.9	11.1	12.1	12.7
25–29 years	4.3	5.9	6.5	7.7	8.1	9.6	11.1	12.3	14.8	16.4
30 years and over	7.0	7.8	8.9	10.0	11.2	12.1	13.9	14.5	16.0	19.8
Northeast										
All ages	4.6	6.2	7.4	7.3	9.0	10.8	11.8	14.6	15.9	17.6
Under 25 years	3.3	4.7	5.7	5.2	7.2	9.7	9.4	13.2	12.8	13.9
25–29 years	4.3	6.5	7.0	7.8	9.4	10.2	12.4	14.8	16.7	19.2
30 years and over	6.8	9.0	11.7	10.9	12.7	13.9	16.3	16.9	20.9	22.0
North Central										
All ages	4.1	4.7	5.2	5.7	7.0	8.3	9.3	10.6	12.3	13.9
Under 25 years	2.6	4.0	4.0	4.9	5.8	6.8	7.8	10.0	11.1	12.0
25–29 years	3.9	5.4	6.5	5.5	7.1	9.9	10.1	10.9	13.2	13.9
30 years and over	7.8	5.5	7.2	8.4	10.1	10.3	13.0	11.6	14.1	19.3
South										
All ages	3.5	5.8	5.1	7.4	8.0	9.2	10.5	12.1	13.6	15.2
Under 25 years	2.9	5.0	3.7	5.8	6.9	8.1	9.0	11.6	12.5	12.9
25–29 years	*3.8	6.4	6.1	9.6	8.7	9.9	12.0	12.1	15.3	17.7
30 years and over	5.0	7.6	9.0	9.6	11.2	12.7	13.5	14.5	14.3	18.5
West										
All ages	6.5	5.7	5.6	8.3	8.0	8.1	10.4	11.3	13.3	14.6
Under 25 years	5.5	4.5	4.9	7.0	7.9	7.1	10.2	9.8	12.1	12.2
25–29 years	*6.0	*4.7	6.2	8.2	6.8	7.9	9.8	11.7	14.4	15.0
30 years and over	8.7	10.5	*7.1	12.2	10.2	11.6	12.1	15.0	14.7	19.4

NOTE: Data are based on a sample of hospital records.

SOURCES: National Center for Health Statistics: *Health United States, 1978*, for data years 1965–76, DHEW Pub. No. (PHS) 78-1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978; data for years 1977–78 aggregated from P. J. Placek and S. M. Taffel: Trends in cesarean section delivery rates. *Public Health Reports*. To be published.

TABLE 94. Children and Youths Under 18 Years of Age Living in Households Dissatisfied with Neighborhood Services and Degree of Dissatisfaction With Hospitals and Health Clinics, According to Type of Service and Selected Characteristics: United States, 1977

		Type of Service					Degree of Dissatisfaction With Hospitals and Clinics		
Characteristic	Population in Thousands	Public Transportation	School	Shopping	Police	Hospitals and Health Clinics	Not Bothersome	Somewhat Bothersome	Very Bothersome and So Bothersome, Wish to Move
		Percent of population in households dissatisfied with specified service					*Percent of population in households with specified degree of dissatisfaction*		
Total under 18 years	64,291	40.2	6.9	14.9	11.6	17.9	6.5	5.1	6.0
Age									
Under 6 years	18,583	37.3	5.8	14.8	11.3	17.9	6.2	5.0	6.3
6–11 years	21,451	39.9	6.9	15.3	12.1	18.3	6.5	5.3	6.2
12–17 years	24,276	42.5	7.8	14.6	11.3	17.5	6.6	5.1	5.5
Sex									
Male	32,650	40.2	6.8	15.2	11.7	18.0	6.6	5.1	6.0
Female	31,653	40.0	7.1	14.6	11.4	17.7	6.3	5.1	6.0
Race									
White	53,873	43.5	6.9	14.3	10.9	18.3	6.9	5.3	5.8
All other	10,441	22.9	7.1	18.2	15.1	15.8	4.1	4.2	7.2
Black	9,125	22.9	7.3	19.1	16.0	15.5	3.8	4.1	7.3
Family income									
Under $5,000	6,594	31.9	6.8	17.0	14.4	17.6	5.2	4.8	7.3
$5,000–$9,999	10,696	34.1	6.2	16.4	13.9	18.7	6.0	4.7	7.5
$10,000–$14,999	12,528	39.0	7.1	15.4	12.1	19.4	7.6	5.0	6.5
$15,000–$24,999	20,550	42.7	6.6	14.4	10.6	18.6	6.9	5.6	5.7
$25,000 or more	13,566	46.2	7.8	12.8	9.3	14.9	5.8	4.9	3.9

Sex of householder									
Male head, wife present	52,321	42.5	6.8	14.6	11.1	18.2	6.9	5.3	5.7
Other male head	1,558	36.9	7.5	15.6	9.1	21.3	6.3	7.2	7.4
Female head	10,437	28.8	7.4	16.1	14.2	15.8	4.5	3.9	7.0
Education of householder									
8 years or less	8,785	34.5	5.7	15.2	13.9	18.3	6.9	4.9	6.0
9–11 years	10,504	34.3	6.5	16.7	12.5	18.5	6.5	4.7	6.9
12 years	23,513	40.5	6.6	15.4	12.1	18.6	6.6	5.5	6.2
13–15 years	10,062	42.7	8.3	14.2	12.4	17.9	6.2	5.2	6.2
16 years or more	11,466	46.8	7.8	12.7	7.2	15.5	6.0	4.8	4.4
Family size									
2 persons	1,587	29.0	7.9	12.7	11.3	14.9	4.9	4.2	5.5
3 persons	9,648	37.9	6.6	14.5	11.0	18.4	5.9	5.6	6.5
4 persons	19,492	41.8	6.9	14.8	11.0	18.2	6.7	5.2	6.0
5 persons	15,484	41.4	6.7	14.3	11.8	18.0	6.8	5.0	5.9
6 persons or more	18,117	39.4	7.2	15.9	12.4	17.4	6.4	5.0	5.7
Residence									
Inside SMSA[1]	44,411	34.9	7.2	13.7	11.1	16.1	6.0	4.7	5.1
Central city of large SMSA	12,472	15.5	8.5	12.8	13.6	11.4	3.0	3.0	5.2
Suburb of large SMSA	18,366	39.7	6.4	11.9	8.7	15.5	6.1	4.5	4.6
Outside SMSA	19,904	51.9	6.4	17.6	12.6	21.9	7.5	6.1	8.0
Region									
Northeast	13,818	39.2	6.6	14.6	10.8	14.4	4.4	4.1	5.5
North Central	17,163	43.5	5.9	13.8	10.8	18.0	6.9	5.6	5.2
South	21,756	41.8	7.3	16.2	12.4	20.2	7.2	5.5	7.1
West	11,589	33.3	8.1	14.4	12.0	17.5	6.7	5.0	5.6

[1] Includes only the 50 largest SMSA's.

NOTE: Data are based on reporting by a sample of the civilian noninstitutionalized population.

SOURCE: U.S. Bureau of the Census: Data from the 1977 Annual Housing Survey. Special tabulations prepared by the U.S Bureau of the Census, Center for Demographic Studies.

TABLE 95. Medical Personnel per 10,000 Resident Population, According to Profession, Region, and Location by County Characteristics: United States, 1972–76 Selected Years

Geographic Region and Location by County Characteristic	Profession				
	Active Non-Federal Physicians[1] 1976	Active Non-Federal Dentists[2] 1976	Licensed Dental Hygienists[3] 1974	Registered Nurses Employed in Nursing[3] 1972	Licensed Practical Nurses Employed in Nursing 1974
	Personnel per 10,000 resident population				
United States	16.2	4.6	1.9	38.2	19.2
Within SMSA	19.3	5.1	2.2	38.0	18.9
Large SMSA	22.0	5.5	2.2	37.8	16.7
Core counties	25.5	5.7	2.2	40.2	18.2
Fringe counties	14.4	5.3	2.3	32.4	13.2
Medium SMSA	16.2	4.6	2.2	38.5	20.8
Other SMSA	15.0	4.3	2.0	37.8	24.1
Outside SMSA	8.0	3.2	1.2	27.0	20.0
Adjacent to SMSA	7.8	3.2	1.3	26.8	19.2
Urbanized	9.9	3.8	1.6	34.9	19.7
Less urbanized	6.4	2.7	1.0	21.4	20.0
Thinly populated	3.7	1.8	0.5	13.0	11.4
Not adjacent to SMSA	8.4	3.3	1.1	27.2	21.0
Urbanized	12.4	4.0	1.7	35.5	23.8
Less urbanized	7.2	3.2	0.9	25.3	21.9
Thinly populated	4.2	2.3	0.7	17.3	12.8
Northeast	20.6	5.5	2.4	51.4	19.9
Within SMSA	22.2	5.8	2.4	46.7	19.8
Large SMSA	25.4	6.2	2.1	44.8	18.3
Core counties	29.0	5.9	2.0	46.2	19.4
Fringe counties	19.1	6.6	2.4	42.2	16.2
Medium SMSA	16.8	5.0	2.9	49.6	22.6
Other SMSA	14.6	4.9	2.8	55.0	22.5

Outside SMSA	10.9	3.9	2.5	47.7	20.9
Adjacent to SMSA	9.9	3.9	2.2	46.7	20.1
Urbanized	9.6	4.1	2.2	47.9	20.2
Less urbanized	11.4	3.2	2.3	44.5	20.7
Thinly populated	6.7	3.3	1.1	24.1	9.3
Not adjacent to SMSA	13.5	3.9	3.2	50.3	23.0
Urbanized	18.0	4.1	3.7	58.8	26.3
Less urbanized	9.6	3.8	2.4	43.5	20.3
Thinly populated	10.6	4.0	4.5	39.9	19.8
North Central	14.2	4.4	1.7	38.4	18.2
Within SMSA	17.3	4.8	2.0	36.7	18.4
Large SMSA	18.9	5.1	2.1	34.6	16.1
Core counties	23.4	5.5	2.1	38.7	18.8
Fringe counties	10.4	4.3	2.1	25.9	10.7
Medium SMSA	13.8	4.4	1.9	38.5	20.5
Other SMSA	16.6	4.4	1.8	42.6	24.3
Outside SMSA	7.5	3.5	1.0	29.6	17.9
Adjacent to SMSA	7.7	3.4	1.1	28.4	16.9
Urbanized	10.7	3.9	1.6	35.9	18.6
Less urbanized	5.7	3.1	0.9	23.6	16.2
Thinly populated	3.3	2.5	0.4	16.8	10.7
Not adjacent to SMSA	7.3	3.7	0.9	30.8	18.9
Urbanized	11.2	4.3	1.4	41.0	21.1
Less urbanized	6.9	3.8	0.9	29.8	20.1
Thinly populated	3.6	2.5	0.5	20.3	12.6
South	13.8	3.6	1.6	28.8	20.7
Within SMSA	17.6	4.3	2.0	32.2	19.9
Large SMSA	20.4	4.7	2.1	32.7	15.7
Core counties	25.5	5.1	2.2	37.0	17.5
Fringe counties	12.1	4.0	1.8	25.2	12.6
Medium SMSA	16.6	4.2	2.0	32.2	21.0
Other SMSA	14.5	3.6	2.0	31.2	25.5
Outside SMSA	7.2	2.5	1.0	18.7	21.9
Adjacent to SMSA	6.5	2.4	1.0	17.4	20.9
Urbanized	8.9	3.2	1.3	23.9	21.1
Less urbanized	5.9	2.2	0.9	15.7	22.8
Thinly populated	3.5	1.3	0.5	9.9	11.7

TABLE 95. Medical Personnel per 10,000 Resident Population, According to Profession, Region, and Location by County Characteristics: United States, 1972–76 Selected Years (Cont.)

Geographic Region and Location by County Characteristic	Profession				
	Active Non-Federal Physicians[1] 1976	Active Non-Federal Dentists[2] 1976	Licensed Dental Hygienists[2] 1974	Registered Nurses Employed in Nursing[3] 1972	Licensed Practical Nurses Employed in Nursing 1974
	Personnel per 10,000 resident population				
Not adjacent to SMSA	7.9	2.6	0.9	20.0	23.0
Urbanized	12.2	3.4	1.5	28.4	25.6
Less urbanized	6.6	2.4	0.7	17.6	24.6
Thinly populated	3.9	1.7	0.5	11.5	13.0
West	17.9	5.5	2.1	36.5	17.0
Within SMSA	20.2	5.8	2.3	35.3	16.8
Large SMSA	22.3	5.9	2.5	36.0	16.0
Core counties	23.8	5.9	2.4	37.0	16.9
Fringe counties	14.0	6.0	3.3	30.3	11.4
Medium SMSA	17.2	5.3	1.8	32.9	17.5
Other SMSA	13.6	5.8	2.0	36.5	20.3
Outside SMSA	9.5	4.3	1.2	28.8	18.2
Adjacent to SMSA	9.7	4.2	1.2	26.3	17.3
Urbanized	10.7	4.3	1.2	27.3	17.9
Less urbanized	8.2	4.3	1.2	24.9	16.9
Thinly populated	5.8	3.1	1.3	21.6	12.0
Not adjacent to SMSA	9.4	4.4	1.2	30.6	18.8
Urbanized	11.9	5.0	1.5	32.6	22.1
Less urbanized	8.4	4.2	1.1	30.6	18.2
Thinly populated	5.6	3.2	1.1	24.3	11.0

[1] Includes 29,681 physicians not classified in 1976.

[2] Includes dentists and dental hygienists licensed in State of residence. Excludes Pennsylvania from the licensed dental hygienists. Dental register data for Pennsylvania were not available for 1974.

[3] Excludes registered nurses with addresses unknown from the location categories. These nurses are included in the region totals and the United States total.

NOTES: Data are based on reporting by medical personnel or on registers. Counties are grouped according to the Apr. 1973 Office of Management and Budget metropolitan-nonmetropolitan designations. Alaska is excluded from the location categories; however, the Alaska State total is included in the West total and the United States total for all professions except dentists.

SOURCES: National Center for Health Statistics: Computed by the Division of Analysis from Goodman, L. J.: *Physician Distribution and Medical Licensure in the U.S., 1976*. Chicago. American Medical Association, 1977. (Copyright 1977: Used with the permission of the American Medical Association.); Information Sciences Research Institute: Computed from data from the Division of Dentistry, Bureau of Health Manpower; Roth, A. V., and Walden, A. R.: *The Nation's Nurses: 1972 Inventory of Registered Nurses*. Kansas City, Mo. American Nurses' Association, 1974. (Copyright 1974: Used with the permission of the American Nurses' Association.); Roth, A. V., and Schmitting, G. T.: *LPNs: 1974 Inventory of Licensed Practical Nurses*. Kansas City, Mo. American Nurses' Association, 1977. (Copyright 1977: Used with the permission of the American Nurses' Association.); U.S. Bureau of the Census: Estimates of the population of States with components of change, 1970–75. *Current Population Reports*. Series P–25, No. 640. Washington. U.S. Government Printing Office, Nov. 1976. p. 21.

TABLE 96. Professionally Active Physicians (M.D.'s), According to Major Activity and Primary Specialty: United States, 1976

	Major Professional Activity					
		Patient Care				
				Hospital-Based Practice		
Primary Specialty	**Number**	**Total**	**Office-Based Practice**	**Residents All Years[1]**	**Full-Time Physicians**	**Other[2]**
			Percent distribution of physicians			
Professionally active physicians	343,876	100.0	62.5	18.1	10.8	8.6
Primary care	134,051	100.0	64.8	20.8	8.0	6.4
General practice[3]	54,631	100.0	84.2	8.0	5.7	2.1
Internal medicine	57,312	100.0	48.9	31.6	9.8	9.7
Pediatrics	22,108	100.0	56.1	24.0	9.1	8.8
Other medical specialties	18,702	100.0	70.1	4.1	12.2	13.6
Dermatology	4,755	100.0	75.1	13.5	6.0	5.4
Pediatric allergy	469	100.0	70.2	15.6	5.5	8.7
Pediatric cardiology	537	100.0	42.3	10.6	21.0	26.1
Internal medicine subspecialties[4]	12,941	100.0	69.4	0.0	14.4	16.2
Surgical specialties	97,416	100.0	70.0	19.4	7.0	3.6
General surgery	31,899	100.0	62.0	26.5	8.0	3.6
Neurological surgery	2,959	100.0	68.6	18.0	8.3	5.0
Obstetrics and gynecology	21,908	100.0	72.3	17.2	6.2	4.3
Opthalmology	11,326	100.0	78.4	14.1	4.3	3.2
Orthopedic surgery	11,689	100.0	71.8	17.5	7.8	2.9
Otolaryngology	5,788	100.0	75.1	14.4	7.3	3.2
Plastic surgery	2,337	100.0	77.3	14.6	5.3	2.9
Colon and rectal surgery	667	100.0	89.5	4.8	4.0	1.7
Thoracic surgery	2,020	100.0	69.9	13.7	10.9	5.5
Urology	6,823	100.0	75.4	14.5	7.3	2.8
Other specialties	93,707	100.0	49.7	16.0	18.4	16.0
Anesthesiology	13,074	100.0	69.1	13.2	11.4	6.3
Neurology	4,374	100.0	44.7	25.9	13.1	16.3
Pathology	11,815	100.0	36.0	21.5	24.8	17.7
Forensic pathology	203	100.0	43.4	3.9	4.9	47.8
Psychiatry	24,196	100.0	51.1	16.2	20.5	12.1
Child psychiatry	2,618	100.0	56.9	11.6	14.1	17.4
Physical medicine and rehabilitation	1,665	100.0	36.9	17.4	35.7	10.1
Radiology	11,627	100.0	60.2	15.6	18.0	6.2
Diagnostic radiology	3,794	100.0	59.2	14.5	19.1	7.3
Therapeutic radiology	1,202	100.0	58.3	17.5	19.3	4.9
Miscellaneous[5]	19,139	100.0	35.5	13.0	17.0	34.6

[1] Includes interns and residents.
[2] Includes medical teaching, administration, research, and other professional activities.
[3] Includes general practice and family practice.
[4] Includes gastroenterology, pulmonary diseases, allergy, and cardiovascular diseases.
[5] Includes occupational medicine, general preventive medicine, aerospace medicine, public health, other specialties not listed, and unspecified specialties.

NOTE: Data are based on reporting by physicians.

SOURCE: Goodman, L. J.: *Physician Distribution and Medical Licensure in the U.S., 1976.* Chicago. American Medical Association, 1977. (Copyright 1977: Used with the permission of the American Medical Association.)

TABLE 97. Active Non-Federal Dentists and Employed Registered Nurses and Number per 100,000 Population, According to Division and State: United States, 1976 (Dentists) and 1977–78 (Nurses)

Division and State	Dentists[1] Number	Dentists[1] Per 100,000 Population[3]	Employed Registered Nurses[2] Number	Employed Registered Nurses[2] Per 100,000 Population[4]
United States	97,534	45.8	1,027,307	472
Northeast				
New England	12,195	56.4	88,444	718
Connecticut	1,889	60.9	20,799	663
Maine	424	39.9	6,266	574
Massachusetts	3,462	59.5	45,167	776
New Hampshire	410	50.5	6,630	782
Rhode Island	445	47.8	6,188	661
Vermont	242	51.3	3,394	698
Middle Atlantic	20,281	54.4	209,373	561
New Jersey	4,050	55.2	35,287	480
New York	10,877	60.2	101,439	561
Pennsylvania	5,354	45.1	72,647	612
North Central				
East North Central	17,904	43.7	198,168	481
Illinois	5,028	44.9	58,094	515
Indiana	1,928	36.3	22,908	429
Michigan	4,171	45.7	41,573	454
Ohio	4,469	41.6	51,969	485
Wisconsin	2,306	50.4	23,624	505
West North Central	7,424	44.5	91,335	537
Iowa	1,173	41.0	15,501	530
Kansas	906	39.8	11,848	506
Minnesota	2,131	54.4	26,157	652
Missouri	1,932	40.5	21,586	449
Nebraska	780	50.5	8,874	562
North Dakota	247	38.4	3,776	577
South Dakota	253	37.1	3,593	512
South				
South Atlantic	12,709	37.8	151,723	438
Delaware	229	39.5	3,553	602
District of Columbia	497	69.9	6,136	885
Florida	3,475	42.0	41,150	475
Georgia	1,652	33.5	18,159	361
Maryland	1,870	45.4	19,673	471
North Carolina	1,665	30.6	23,898	429
South Carolina	811	28.8	10,087	348
Virginia	1,955	39.3	21,650	421
West Virginia	555	30.8	7,417	398
East South Central	4,393	32.5	43,797	315
Alabama	1,044	28.9	10,826	291
Kentucky	1,100	32.5	11,677	333
Mississippi	628	26.8	6,514	273
Tennessee	1,621	38.8	14,780	344
West South Central	7,433	35.6	65,829	302
Arkansas	626	29.7	5,774	267
Louisiana	1,298	34.1	11,460	291
Oklahoma	939	34.6	8,844	312
Texas	4,570	37.3	39,751	309

TABLE 97. Active Non-Federal Dentists and Employed Registered Nurses and Number per 100,000 Population, According to Division and State: United States, 1976 (Dentists) and 1977–78 (Nurses) (Cont.)

Division and State	Dentists[1] Number	Dentists[1] Per 100,000 Population[3]	Employed Registered Nurses[2] Number	Employed Registered Nurses[2] Per 100,000 Population[4]
West				
Mountain	4,668	48.4	50,144	492
Arizona	963	43.3	13,794	590
Colorado	1,389	54.6	15,495	583
Idaho	385	47.3	3,515	404
Montana	380	50.9	3,956	510
Nevada	271	45.9	2,709	422
New Mexico	395	34.5	4,472	368
Utah	721	59.9	4,350	340
Wyoming	164	43.6	1,823	440
Pacific	15,850	56.8	128,524	437
Alaska	---	---	1,776	422
California	11,732	55.3	89,756	408
Hawaii	483	55.6	3,979	440
Oregon	1,433	62.7	12,793	532
Washington	2,202	62.0	20,220	547

[1] Excludes Alaska.

[2] Adjusted for nonresponse to questions on employment status and county of employment.

[3] Population figures are based on 1975 population estimates.

[4] Population figures are based on 1977 population estimates, market statistics.

NOTE: Data are based on a registry of dentists and an inventory of registered nurses.

SOURCE: National Cancer Institute: selected data; Bureau of Health Professionals, Health Resources Administration: selected data; Special tabulations prepared by the Information Sciences Research Institute, Silver Spring, Md., Mar. 1980; American Nurses Association, Research and Policy Analysis Department, Statistics Unit: *1977–78 Inventory of Registered Nurses*. Prepublication data. Used with the permission of the American Nurses Association, Kansas City, Mo., Oct. 1980.

TABLE 98. Community Hospital Beds per 1,000 Population and Average Annual Rate of Change, According to Division and State: United States, 1970–76

Division and State	Year							Period	
	1970	1971	1972	1973	1974	1975	1976	1960–70[1]	1970–76
	Community hospital beds per 1,000 population[2]							*Average annual rate of change*	
United States	4.3	4.4	4.4	4.5	4.5	4.6	4.6	1.8	1.1
Northeast									
New England	4.1	4.2	4.2	4.2	4.2	4.2	4.2	0.5	0.4
Connecticut	3.4	3.4	3.5	3.5	3.5	3.5	3.5	–	0.5
Maine	4.7	4.7	4.6	4.7	4.6	4.7	4.7	3.2	0.0
Massachusetts	4.4	4.5	4.6	4.6	4.6	4.6	4.6	0.5	0.7
New Hampshire	4.0	4.1	4.1	4.1	4.0	4.2	4.1	–1.0	0.4
Rhode Island	4.0	3.7	3.8	3.8	3.8	3.8	3.7	0.8	–1.3
Vermont	4.5	4.3	4.7	4.8	4.8	4.8	4.7	–	0.7
Middle Atlantic	4.4	4.4	4.5	4.5	4.6	4.6	4.6	1.0	0.7
New Jersey	3.6	3.7	3.8	3.8	4.0	4.0	4.1	1.5	2.2
New York	4.6	4.5	4.6	4.7	4.7	4.7	4.7	0.7	0.4
Pennsylvania	4.7	4.7	4.7	4.7	4.7	4.7	4.8	1.4	0.4
North Central									
East North Central	4.4	4.5	4.5	4.6	4.6	4.7	4.7	2.0	1.1
Illinois	4.7	4.7	4.7	4.8	4.9	4.9	5.0	1.6	1.0
Indiana	4.0	4.1	4.1	4.2	4.4	4.4	4.4	2.5	1.6
Michigan	4.3	4.3	4.4	4.4	4.4	4.5	4.4	2.6	0.4
Ohio	4.2	4.3	4.3	4.4	4.5	4.6	4.6	2.1	1.5
Wisconsin	5.2	5.1	5.1	5.2	5.2	5.1	5.3	1.9	0.3
West North Central	5.7	5.6	5.6	5.7	5.8	5.8	5.8	2.8	0.3
Iowa	5.6	5.8	5.7	5.8	5.9	6.0	5.9	3.6	0.9
Kansas	5.4	5.6	5.6	5.6	5.7	5.7	5.8	2.5	1.2
Minnesota	6.1	5.8	5.8	5.9	6.0	6.0	6.0	2.4	–0.3
Missouri	5.1	5.1	5.2	5.2	5.4	5.5	5.6	2.7	1.6
Nebraska	6.2	6.3	6.0	6.0	6.1	6.1	6.2	3.4	–
North Dakota	6.8	6.5	6.4	6.7	6.9	6.7	6.7	2.7	–0.2
South Dakota	5.6	5.6	5.4	5.5	5.6	5.5	5.6	2.2	–

TABLE 98. Community Hospital Beds per 1,000 Population and Average Annual Rate of Change, According to Division and State: United States, 1970–76 (Cont.)

Division and State	Year 1970	 1971	 1972	 1973	 1974	 1975	 1976	Period 1960–70[1]	 1970–76
	Community hospital beds per 1,000 population[2]							*Average annual rate of change*	
South									
South Atlantic	4.0	4.1	4.1	4.2	4.2	4.3	4.4	1.9	1.6
Delaware	3.7	3.7	3.6	3.5	3.5	3.5	3.6	–	–0.5
District of Columbia	7.4	7.3	7.4	7.2	7.0	7.1	7.3	2.3	–0.2
Florida	4.4	4.5	4.5	4.6	4.5	4.9	5.1	3.5	2.5
Georgia	3.8	4.0	4.0	4.2	4.3	4.4	4.5	3.1	2.8
Maryland	3.1	3.1	3.1	3.1	3.2	3.2	3.3	–0.6	1.0
North Carolina	3.8	3.8	3.8	3.9	4.0	4.0	4.1	1.1	1.3
South Carolina	3.7	3.8	3.9	3.9	4.0	3.9	3.9	2.4	0.9
Virginia	3.7	3.8	3.8	4.1	4.0	4.1	4.1	2.1	1.7
West Virginia	5.4	5.4	5.5	5.7	5.8	5.8	5.8	2.8	1.2
East South Central	4.4	4.4	4.5	4.7	4.8	4.9	5.0	3.8	2.1
Alabama	4.3	4.2	4.4	4.6	4.8	4.9	4.9	4.3	2.2
Kentucky	4.0	4.1	4.1	4.3	4.3	4.3	4.4	2.9	1.6
Mississippi	4.4	4.6	4.5	4.7	4.7	4.9	5.0	4.2	2.1
Tennessee	4.7	4.8	4.8	5.0	5.1	5.4	5.5	3.2	2.6
West South Central	4.3	4.4	4.5	4.5	4.6	4.7	4.7	2.6	1.5
Arkansas	4.2	4.3	4.3	4.4	4.5	4.6	4.8	3.7	2.2
Louisiana	4.2	4.4	4.4	4.5	4.5	4.7	4.6	0.7	1.5
Oklahoma	4.5	4.6	4.5	4.5	4.6	4.6	4.6	3.4	0.4
Texas	4.3	4.4	4.5	4.5	4.6	4.7	4.7	2.6	1.5
West									
Mountain	4.3	4.2	4.1	4.0	4.0	4.0	4.0	2.1	–1.2
Arizona	4.1	4.0	3.9	3.9	3.9	3.8	3.8	3.1	–1.3
Colorado	4.6	4.6	4.3	4.2	4.1	4.4	4.4	1.9	–0.7
Idaho	4.0	4.0	4.0	4.1	4.0	3.9	3.8	2.2	–0.9

Montana	5.8	5.7	5.5	5.3	5.3	5.2	5.2	1.3	–1.8
Nevada	4.2	4.0	4.1	4.6	4.4	4.3	4.3	0.7	0.4
New Mexico	3.5	3.7	3.4	3.4	3.4	3.4	3.3	1.9	–1.0
Utah	3.6	3.5	3.3	3.2	3.2	3.2	3.2	2.5	–2.0
Wyoming	5.5	5.0	5.0	4.8	4.7	4.5	4.4	1.8	–3.7
Pacific	3.7	3.8	3.8	3.8	3.9	3.9	3.8	1.8	0.4
Alaska	2.3	2.4	2.3	2.2	2.2	2.2	...	–0.7	
California	3.8	3.8	3.8	3.9	4.0	4.0	3.9	2.4	0.4
Hawaii	3.4	3.4	3.3	3.2	3.3	3.1	...	–1.5	
Oregon	4.0	4.1	4.0	3.9	4.0	3.9	3.9	1.3	–0.4
Washington	3.5	3.4	3.5	3.5	3.4	3.4	3.4	0.6	–0.5

[1] 1960 includes hospital units of institutions.

[2] Civilian noninstitutionalized population of all ages.

NOTES: Data are based on reporting by facilities. Community hospitals include all non-Federal short-stay hospitals classified by the American Hospital Association to one of the following services: general medical and surgical; obstetrics and gynecology; eye, ear, nose, and throat; rehabilitation; orthopedic; other specialty; children's general; children's eye, ear, nose, and throat; children's rehabilitation; children's orthopedic; and children's other specialty.

SOURCE: National Center for Health Statistics: *Health United States, 1978.* DHEW Pub. No. (PHS) 78–1232. Public Health Service. Washington. U.S. Government Printing Office, Dec. 1978.

TABLE 99. Elementary and Secondary Schools With Doors, Toilets, and Classrooms Accessible to Handicapped Pupils, According to Region, Division, and State: United States, 1978

Region, Division, and State	Architectural Features Accessible to Handicapped Pupils		
	Building Entrances	Toilet Stalls	Classroom Entrances
	Percent of schools	*Percent of schools with accessible entrances*	
United States	60.0	26.3	58.8
Northeast	45.9	21.1	56.4
New England	45.9	22.9	62.7
Connecticut	50.6	26.7	66.4
Maine	43.0	16.2	67.3
Massachusetts	41.9	21.3	58.6
New Hampshire	49.7	22.2	58.0
Rhode Island	44.6	20.9	66.0
Vermont	62.6	42.2	69.6
Middle Atlantic	46.0	20.3	53.5
New Jersey	44.1	17.2	52.1
New York	41.1	15.7	51.5
Pennsylvania	52.0	26.8	56.4
North Central	59.2	25.3	59.8
East North Central	56.8	24.9	59.3
Illinois	46.1	16.0	57.1
Indiana	60.4	27.4	58.2
Michigan	61.3	29.1	64.2
Ohio	54.5	20.9	55.2
Wisconsin	68.5	38.5	60.9
West North Central	64.4	26.2	61.1
Iowa	58.9	23.6	57.9
Kansas	66.9	25.1	56.0
Minnesota	70.7	32.0	63.8
Missouri	60.9	23.7	61.6
Nebraska	74.1	28.2	65.9
North Dakota	81.2	39.3	68.3
South Dakota	46.3	19.1	53.3
South	61.6	29.3	53.5
South Atlantic	61.1	28.2	52.6
Delaware	45.4	20.6	56.5
District of Columbia	14.0	4.5	50.6
Florida	74.5	41.2	42.2
Georgia	58.1	22.5	58.9
Maryland	64.3	26.1	68.0
North Carolina	65.6	34.0	50.2
South Carolina	58.2	29.3	50.7
Virginia	58.0	22.1	56.2
West Virginia	44.9	17.6	49.0
East South Central	60.3	29.3	50.7
Alabama	68.2	42.9	51.2
Kentucky	57.8	24.9	47.2
Mississippi	62.1	27.6	52.2
Tennessee	55.5	23.3	52.4

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TABLE 99. Elementary and Secondary Schools With Doors, Toilets, and Classrooms Accessible to Handicapped Pupils, According to Region, Division, and State: United States, 1978 (Cont.)

Region, Division, and State	Architectural Features Accessible to Handicapped Pupils		
	Building Entrances	Toilet Stalls	Classroom Entrances
	Percent of schools	*Percent of schools with accessible entrances*	
West South Central	63.0	30.9	56.2
Arkansas	76.1	42.5	61.5
Louisiana	51.2	12.2	44.5
Oklahoma	71.4	30.4	61.2
Texas	61.8	34.2	56.9
West	73.4	29.6	68.6
Mountain	70.0	33.2	65.4
Arizona	80.8	48.5	73.7
Colorado	68.3	30.6	65.2
Idaho	65.6	23.3	55.7
Montana	65.5	28.7	58.5
Nevada	72.7	24.5	24.4
New Mexico	79.7	45.2	74.3
Utah	58.5	27.6	70.4
Wyoming	61.8	21.5	67.4
Pacific	74.9	28.0	70.0
Alaska	47.1	36.0	66.1
California	77.2	27.1	69.9
Hawaii	50.4	26.6	48.2
Oregon	75.4	27.2	75.2
Washington	74.1	31.1	71.1

NOTE: Data are based on reporting by school districts.

SOURCE: U.S. Department of Education, Office of Civil Rights: 1978 Elementary and Secondary School Civil Rights Survey, State, regional, and national summaries of data.

TABLE 100. Gross National Product and National Health Expenditures: United States, 1929–78 Selected Years

Year	Gross National Product in Billions	National Health Expenditures: Amount in Billions	Percent of Gross National Product	Amount per Capita
1929	$103.1	$3.6	3.5	$29.49
1935	72.2	2.9	4.0	22.65
1940	99.7	4.0	4.0	29.62
1950	284.8	12.7	4.5	81.86
1955	398.0	17.7	4.4	105.38
1960	503.7	26.9	5.3	146.30
1965	688.1	43.0	6.2	217.42
1966	753.0	47.3	6.3	236.51
1967	796.3	52.7	6.6	260.35
1968	868.5	58.9	6.8	288.17
1969	935.5	66.2	7.1	320.70
1970	982.4	74.7	7.6	358.63
1971	1,063.4	82.8	7.8	393.09
1972	1,171.1	92.7	7.9	436.47
1973	1,306.6	102.3	7.8	478.38
1974	1,412.9	115.6	8.2	535.99
1975	1,528.8	131.5	8.6	604.57
1976	1,700.1	148.9	8.8	678.79
1977	1,887.2	170.0	9.0	768.77
1978[1]	2,107.6	192.4	9.1	863.01

[1] Preliminary estimates.

NOTE: Data were compiled by the Health Care Financing Administration.

SOURCES: Gibson, R. M.: National health expenditures, 1978. *Health Care Financing Review* 1(1):1–36, Summer 1979; Office of Research, Demonstrations and Statistics, Health Care Financing Administration: Selected data.

TABLE 101. Personal Consumption Expenditures for Medical Care, According to Type of Expenditure: United States, 1950–78 Selected Years

	Type of Expenditure						
Year	All Medical Care	Hospital Services	Physicians' Services	Medicines and Appliances	Dentists	Net Cost of Health Insurance	All Other Medical Care
				Billions of dollars			
1950	$8.8	$2.0	$2.6	$2.2	$1.0	$0.3	$0.7
1955	12.8	3.2	3.5	3.0	1.5	0.6	1.0
1960	19.5	5.3	5.2	4.6	2.0	0.8	1.6
1965	29.4	8.4	8.0	6.2	2.8	1.3	2.8
1966	31.8	9.4	8.5	6.5	2.9	1.4	3.1
1967	34.2	10.7	9.4	6.7	3.2	1.4	2.8
1968	37.8	12.4	10.0	7.3	3.5	1.6	2.9
1969	43.4	15.2	11.4	7.8	4.1	1.8	3.0
1970	48.7	17.9	12.9	8.4	4.7	1.7	3.2
1971	53.4	20.4	14.2	8.5	4.9	2.0	3.3
1972	59.6	23.3	15.5	9.1	5.4	2.6	3.8
1973	66.6	25.9	17.2	9.8	6.4	3.2	4.2
1974	75.2	30.1	19.1	10.7	7.0	3.3	4.9
1975	87.0	35.4	22.1	11.4	7.9	4.6	5.5
1976	99.1	41.5	24.9	12.3	9.8	4.3	6.3
1977	114.2	48.4	28.3	13.4	11.0	5.7	7.4
1978	128.3	54.6	31.2	14.9	12.2	6.7	8.7

NOTES: Data are based on reporting by hospitals, physicians, dentists, and other health care facilities; the Health Care Financing Administration; the American Hospital Association; and other trade sources. Data are revised and exclude private expenditures in Federal, State, city, and other government hospitals and nursing homes.

SOURCE: Health Insurance Institute: *Source Book of Health Insurance Data: 1979–1980.* Washington. 1980.

TABLE 102. Average Annual Percent Change in per Capita Personal Health Care Expenditures, According to Source of Funds and Age: United States, 1965–78 Selected Years

	Source of Funds		
Age and Year	Total	Private	Public
	Average annual percent change		
All ages			
1965–78	11.2	7.1	16.6
1965–70	10.9	6.9	22.0
1970–76	11.4	10.0	13.9
1976–77	12.0	12.1	11.7
1977–78	11.6	12.0	11.0
Under 19 years			
1965–78	10.0	8.6	15.3
1965–70	10.7	8.4	20.6
1970–76	9.1	7.9	12.6
1976–77	11.4	12.1	9.7
1977–78	10.6	10.3	11.1
19–64 years			
1965–78	10.2	9.2	13.6
1965–70	9.4	7.9	14.9
1970–76	10.8	9.7	13.8
1976–77	10.6	10.8	10.2
1977–78	10.6	10.9	9.8
65 years and older			
1965–78	11.9	6.5	18.5
1965–70	12.6	0.0	29.9
1970–76	11.3	9.7	12.3
1976–77	12.2	13.9	11.2
1977–78	11.3	13.7	9.9

NOTE: Data are compiled by the Health Care Financing Administration.

SOURCE: Fisher, C. R.: Differences by age groups in health care spending. *Health Care Financing Review*, 1(4):65–90, Spring 1980.

TABLE 103. Aggregate Personal Health Care Expenditures for Children and Youths Under 19 Years of Age, According to Source of Funds and Type of Expenditure: United States, 1965–78 Selected Years

Year and Type of Expenditure	Total Aggregate Amount in Millions of Dollars	Source of Funds				
				Public		
		Total	Private	Total	Federal	State and Local
		Percent distribution				
1965						
Total	$6,383	100.0	84.5	15.5	9.5	6.1
Hospital care	1,731	100.0	64.2	35.8	21.0	14.8
Physicians' services	1,712	100.0	97.7	2.3	1.5	0.8
Dentists' services	772	100.0	97.5	2.5	1.6	0.9
Other professional services	135	100.0	95.6	4.4	2.2	2.2
Drugs and drug sundries	1,397	100.0	98.9	1.1	0.7	0.4
Eyeglasses and appliances	306	100.0	98.7	1.3	0.7	0.7
Nursing home care	---	100.0	---	---	---	---
Other health services	330	100.0	12.4	87.6	56.7	30.9
1970						
Total	10,356	100.0	76.1	23.9	14.2	9.7
Hospital care	3,439	100.0	58.2	41.8	24.3	17.5
Physicians' services	2,737	100.0	89.6	10.5	5.7	4.7
Dentists' services	1,188	100.0	93.5	6.5	3.5	3.0
Other professional services	183	100.0	78.7	21.3	13.1	8.2
Drugs and drug sundries	1,883	100.0	96.4	3.6	1.9	1.7
Eyeglasses and appliances	309	100.0	96.1	3.9	2.3	1.6
Nursing home care	61	100.0	---	100.0	45.9	54.1
Other health services	556	100.0	10.3	89.8	61.3	28.4
1976						
Total	16,590	100.0	71.1	28.9	19.3	9.7
Hospital care	5,992	100.0	54.4	45.6	32.7	12.9
Physicians' services	4,252	100.0	82.9	17.1	9.9	7.2
Dentists' services	2,209	100.0	90.4	9.6	5.2	4.4
Other professional services	314	100.0	63.1	36.9	22.6	14.3
Drugs and drug sundries	2,472	100.0	93.7	6.4	3.5	2.8
Eyeglasses and appliances	416	100.0	95.4	4.6	3.1	1.4
Nursing home care	55	100.0	---	100.0	52.7	47.3
Other health services	880	100.0	10.7	89.3	56.5	32.8
1977						
Total	18,259	100.0	71.5	28.5	18.7	9.8
Hospital care	6,551	100.0	54.6	45.4	32.2	13.1
Physicians' services	4,771	100.0	84.4	15.6	9.1	6.5
Dentists' services	2,493	100.0	91.4	8.6	4.7	3.9
Other professional services	352	100.0	48.9	51.1	29.8	21.3
Drugs and drug sundries	2,624	100.0	94.3	5.8	3.2	2.6
Eyeglasses and appliances	439	100.0	95.2	4.8	3.2	1.6
Nursing home care	61	100.0	3.3	96.7	50.8	45.9
Other health services	968	100.0	10.6	89.4	53.2	36.2
1978						
Total	19,875	100.0	71.4	28.7	18.9	9.8
Hospital care	7,070	100.0	54.2	45.8	32.4	13.3
Physicians' services	5,215	100.0	84.0	16.0	9.3	6.7
Dentists' services	2,780	100.0	91.6	8.4	4.5	3.9
Other professional services	398	100.0	48.5	51.5	29.7	21.9
Drugs and drug sundries	2,823	100.0	93.9	6.1	3.4	2.7
Eyeglasses and appliances	481	100.0	95.4	4.6	3.1	1.5
Nursing home care	68	100.0	1.5	98.5	51.5	47.1
Other health services	1,040	100.0	10.9	89.1	56.6	32.5

NOTE: Data were compiled by the Health Care Financing Administration.

SOURCE: Fisher, C. G.: Differences by age groups in health care spending. *Health Care Financing Review* 1(4):65–90, Spring 1980.

TABLE 104. Personal Health Care Expenditures for Children and Youths Under 19 Selected Years

Type of Expenditure	1965 Total	1965 Private	1965 Public	1970 Total	1970 Private	1970 Public
	Aggregate amount in millions of dollars					
Total	$6,383	$5,391	$992	$10,356	$7,878	$2,479
Hospital care	1,731	1,111	620	3,439	2,001	1,438
Physicians' services	1,712	1,673	39	2,737	2,451	286
Dentists' services	772	753	19	1,188	1,111	77
Other professional services	135	129	6	183	144	39
Drugs and drug sundries	1,397	1,382	15	1,883	1,816	67
Eyeglasses and appliances	306	302	4	309	297	12
Nursing-home care	---	---	---	61	---	61
Other health services	330	41	289	556	57	499
	Per capita amount					
Total	$83.02	$70.12	$12.90	$137.68	$104.73	$32.96
Hospital care	22.51	14.45	8.06	45.72	26.60	19.12
Physicians' services	22.27	21.76	0.51	36.39	32.58	3.80
Dentists' services	10.04	9.79	0.25	15.80	14.77	1.02
Other professional services	1.76	1.68	0.08	2.43	1.91	0.52
Drugs and drug sundries	18.17	17.98	0.20	25.03	24.14	0.89
Eyeglasses and appliances	3.98	3.93	0.05	4.11	3.95	0.16
Nursing-home care	---	---	---	0.81	---	0.81
Other health services	4.29	0.53	3.76	7.39	0.76	6.63
	Percent distribution					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Hospital care	27.1	20.6	62.5	33.2	25.4	58.0
Physicians' services	26.8	31.0	4.0	26.4	31.1	11.5
Dentists' services	12.1	14.0	1.9	11.5	14.1	3.1
Other professional services	2.1	2.4	0.6	1.8	1.8	1.6
Drugs and drug sundries	21.9	25.6	1.6	18.2	23.1	2.7
Eyeglasses and appliances	4.8	5.6	0.4	3.0	3.8	0.5
Nursing-home care	---	---	---	0.6	---	2.5
Other health services	5.2	0.8	29.1	5.4	0.7	20.1

NOTE: Data were compiled by the Health Care Finance Administration.

SOURCE: Fisher, C. R.: Differences by age groups in health care spending. *Health Care Financing Review* 1(4):65–90, Spring 1980.

Years of Age, According to Source of Funds and Type of Expenditure: United States, 1965–78

Year and Source of Funds								
1976			1977			1978		
Total	Private	Public	Total	Private	Public	Total	Private	Public
Aggregate amount in millions of dollars								
$16,590	$11,789	$4,801	$18,253	$13,053	$5,206	$19,875	$14,180	$5,696
5,992	3,261	2,731	6,551	3,578	2,973	7,070	3,835	3,235
4,252	3,526	726	4,771	4,027	744	5,215	4,382	833
2,209	1,997	212	2,493	2,279	214	2,780	2,546	234
314	198	116	352	172	180	398	193	205
2,472	2,315	157	2,624	2,473	151	2,823	2,650	173
416	397	19	439	418	21	481	459	22
55	---	55	61	[illegible]	59	68	1	67
880	94	786	968	103	865	1,040	113	927
Per capita amount								
$232.34	$165.10	$67.24	$258.77	$184.99	$73.78	$286.07	$204.10	$81.99
83.92	45.67	38.25	92.84	50.71	42.13	101.76	55.20	46.56
59.55	49.38	10.17	67.61	57.07	10.54	75.06	63.07	11.99
30.94	27.97	2.97	35.33	32.30	2.55	40.01	36.65	3.37
4.40	2.77	1.62	4.98	2.44	3.03	5.73	2.78	2.95
34.62	32.42	2.20	37.19	35.05	2.14	40.63	38.14	2.49
5.83	5.56	0.27	6.22	5.92	0.30	6.92	6.61	0.32
0.77	---	0.77	0.86	0.03	0.84	1.00	0.01	0.96
12.32	1.32	11.00	13.72	1.46	12.30	14.97	1.63	13.34
Percent distribution								
100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
36.1	27.7	56.9	35.9	27.4	56.9	35.6	27.0	56.8
25.6	29.9	15.1	26.1	30.8	14.2	26.2	30.9	14.6
13.3	16.9	4.4	13.6	17.5	4.1	14.0	18.0	4.1
1.9	1.7	2.4	1.9	1.3	3.5	2.0	1.4	3.6
14.9	19.6	3.3	14.4	18.9	2.8	14.2	18.7	3.0
2.5	3.4	0.4	2.4	3.2	0.4	2.4	3.2	0.4
0.3	---	1.1	0.3	---	1.1	0.3	0.0	1.2
5.3	0.8	16.4	5.3	0.8	16.7	5.2	0.8	16.3

TABLE 105. Estimated Personal Health Care Expenditures Under Public Programs for Children and Youths Under 19 Years of Age, According to Program and Source of Funding: United States, 1965–78 Selected Years

Program and Funding	Year 1965	 1970	 1976	 1977	 1978
	Expenditures in millions of dollars				
All public programs	$922	$2,492	$4,801	$5,206	$5,696
Federal	603	1,484	3,194	3,413	3,757
State and local	389	1,008	1,607	1,793	1,939
Major program areas					
Medicare	---	---	17	25	30
Medicaid, total	---	913	2,534	2,849	3,142
Federal	---	500	1,432	1,605	1,751
State and local	---	413	1,102	1,244	1,391
Other public medical assistance, total	217	82	83	93	100
Federal	140	---	---	---	---
State and local	77	72	83	93	100
Veterans Administration	---	---	---	---	---
Department of Defense	354	656	811	788	823
Workers compensation medical benefits, total	---	---	---	---	---
Federal employees	---	---	---	---	---
State and local employees	---	---	---	---	---
State and local hospitals (net)	185	316	83	88	85
Other public expenditures for personal health care, total	237	534	1,273	1,363	1,515
Federal	109	327	935	995	1,151
State and local	128	207	338	368	364

NOTE: Data were compiled by the Health Care Finance Administration.

SOURCE: Fisher, C. G.: Differences by age groups in health care spending. *Health Care Financing Review* 1(4):65–90, Spring 1980.

TABLE 106. Per Capita Personal Health Care Expenditures, According to Source of Funds, Age, and Type of Expenditure: United States, 1978

		Source of Funds				
				Public		
Age and Type of Expenditure	Per Capita Amount in Dollars and Cents	Total	Private	Total	Federal	State and Local
		Percent distribution of dollars				
All ages						
Total expenditures	$752.98	100.0	61.3	38.7	27.7	11.0
Hospital care	340.93	100.0	46.2	53.8	39.9	13.9
Physicians' services	158.08	100.0	73.2	26.8	20.1	6.7
Dentists' services	59.64	100.0	96.0	4.1	2.3	1.7
Other professional services	19.17	100.0	77.3	22.7	15.8	6.9
Drugs and drug sundries	67.70	100.0	91.4	8.6	4.4	4.2
Eyeglasses and appliances	17.40	100.0	90.8	9.2	7.4	1.9
Nursing home care	70.64	100.0	46.9	53.1	29.9	23.1
Other health services	19.43	100.0	27.1	72.9	56.3	16.6
Under 19 years						
Total expenditures	$286.07	100.0	71.4	28.7	18.9	9.8
Hospital care	101.76	100.0	54.3	45.8	32.4	13.3
Physicians' services	75.06	100.0	84.0	16.0	9.3	6.7
Dentists' services	40.01	100.0	91.6	8.4	4.5	3.9
Other professional services	5.73	100.0	48.5	51.5	29.7	21.9
Drugs and drug sundries	40.63	100.0	93.9	6.1	3.4	2.7
Eyeglasses and appliances	6.92	100.0	95.5	4.6	3.1	1.5
Nursing home care	1.00	100.0	1.0	96.0	51.5	47.1
Other health services	14.97	100.0	10.9	89.1	56.6	32.5
19–64 years						
Total expenditures	$763.96	100.0	71.5	28.6	16.2	12.4
Hospital care	369.98	100.0	59.9	40.1	22.8	17.3
Physicians' services	163.56	100.0	84.3	15.7	6.9	8.8
Dentists' services	70.75	100.0	97.1	2.9	1.7	1.2
Other professional services	21.58	100.0	89.0	11.0	5.0	6.1
Drugs and drug sundries	70.02	100.0	93.1	6.9	3.4	3.5
Eyeglasses and appliances	21.62	100.0	95.2	4.8	2.5	2.3
Nursing home care	23.67	100.0	19.7	80.4	44.0	36.4
Other health services	22.72	100.0	35.0	65.0	54.6	10.5
65 years and over						
Total expenditures	$2,026.19	100.0	36.9	63.2	54.3	8.9
Hospital care	868.86	100.0	12.5	87.5	81.1	6.4
Physicians' services	365.70	100.0	40.6	50.4	57.5	1.9
Dentists' services	56.76	100.0	96.8	2.9	2.0	1.2
Other professional services	44.74	100.0	57.9	42.1	38.6	3.5
Drugs and drug sundries	132.61	100.0	84.4	15.6	8.2	7.4
Eyeglasses and appliances	24.83	100.0	66.9	33.2	32.9	0.3
Nursing home care	518.14	100.0	53.8	46.2	26.4	19.8
Other health services	14.53	100.0	9.9	90.2	69.8	20.3

NOTE: Data are compiled by the Health Care Financing Administration.

SOURCE: Fisher, C. R.: Differences by age groups in health care spending. *Health Care Financing Review*, 1(4):65–90, Spring 1980.

TABLE 107. Amount for All Basic Needs as Defined by the State Need Standard and Amount of Monthly AFDC Payment to a Family With No Countable Income After Application by State of Any Method of Limiting Payment Used, According to Family Size and State: United States, April 1, 1978

State	Two-Person Family[1]		Four-Person Family[2]	
	State Need Standard for All Basic Needs	Assistance Payment to a Family With No Income	State Need Standard for All Basic Needs	Assistance Payment to a Family With No Income
	Amount in dollars			
Northeast				
New England				
Connecticut	$266	$266	$384	$384
Maine	205	185	349	314
Massachusetts	251	251	358	358
New Hampshire	263	263	346	346
Rhode Island	255	255	359	359
Vermont	412	311	560	423
Middle Atlantic				
New Jersey	235	235	356	356
New York	333	333	476	476
Pennsylvania	260	260	373	373
North Central				
East North Central				
Illinois	204	204	300	300
Indiana	247	175	363	275
Michigan	319	319	459	459
Ohio	284	176	431	267
Wisconsin	371	315	520	442
West North Central				
Iowa	257	257	369	369
Kansas	216	216	306	306
Minnesota	286	286	404	404
Missouri	250	163	365	237
Nebraska	250	250	370	370
North Dakota	247	247	389	389
South Dakota	252	252	333	333
South				
South Atlantic				
Delaware	181	181	287	287
District of Columbia	226	203	349	314
Florida	150	125	230	191
Georgia	161	105	227	148
Maryland	203	162	314	251
North Carolina	159	159	200	200
South Carolina	138	75	217	117
Virginia	174	157	272	245
West Virginia	219	164	332	249
East South Central				
Alabama	144	89	240	148
Kentucky	135	135	235	235
Mississippi	188	[3]30	252	[3]60
Tennessee	142	91	217	139
West South Central				
Arkansas	193	133	273	188
Louisiana	240	[4]96	410	[4]164

TABLE 107. Amount for All Basic Needs as Defined by the State Need Standard and Amount of Monthly AFDC Payment to a Family With No Countable Income After Application by State of Any Method of Limiting Payment Used, According to Family Size and State: United States, April 1, 1978 (Cont.)

State	Two-Person Family[1]		Four-Person Family[2]	
	State Need Standard for All Basic Needs	Assistance Payment to a Family With No Income	State Need Standard for All Basic Needs	Assistance Payment to a Family With No Income
	Amount in dollars			
Oklahoma	198	198	309	309
Texas	115	86	187	140
West				
Mountain				
Arizona	180	126	282	197
Colorado	189	189	290	290
Idaho	289	251	395	344
Montana	163	163	252	252
Nevada	229	185	341	276
New Mexico	160	147	239	220
Utah	297	229	457	352
Wyoming	210	210	270	270
Pacific				
Alaska	300	300	400	400
California	297	287	444	423
Hawaii	382	382	533	533
Oregon	304	277	470	428
Washington	292	292	416	416

[1] A two-person family consists of one needy adult and one child.

[2] A four-person family consists of one needy adult and three children.

[3] Mississippi increased its payments to $60 for a two-person

[4] Louisiana increased its payments to $101 for a two-person family and $172 for a four-person family in May 1978.

NOTE: Data are based on reporting by States.

SOURCE: Office of Family Assistance, Social Security Administration: Characteristics of State Plans for Aid to Families with Dependent Children. DHEW Pub. No. (FSA) 78–21235. Washington. U.S. Government Printing Office, 1978.

TABLE 108. Aid to Families with Dependent Children (AFDC) and Medicaid Recipients Under 18 Years of Age and Average Monthly AFDC Payments per Family and per Recipient, According to State: United States, 1975 (AFDC Recipients), 1978 (Payments), and 1980 (Medicaid Recipients)

	Poor Children[1] Receiving		Average Monthly AFDC Payment	
State	AFDC	Medicaid	Per Family	Per Recipient
	Percent of poor children		*Payment in dollars*	
United States	44	48	$252	$84
Northeast				
New England				
Connecticut	52	54	315	104
Maine	50	48	213	71
Massachusetts	74	72	323	109
New Hampshire	41	51	234	81
Rhode Island	62	61	286	95
Vermont	48	49	282	92
Middle Atlantic				
New Jersey	54	60	287	89
New York	57	66	375	120
Pennsylvania	50	60	285	93
North Central				
East North Central				
Illinois	64	62	266	81
Indiana	36	34	191	64
Michigan	59	65	332	107
Ohio	54	57	213	72
Wisconsin	36	43	318	113
West North Central				
Iowa	35	37	281	97
Kansas	37	43	235	88
Minnesota	30	39	297	107
Missouri	50	45	178	60
Nebraska	24	23	263	90
North Dakota	22	22	248	88
South Dakota	19	21	203	70
South				
South Atlantic				
Delaware	52	56	215	74
District of Columbia	69	74	239	81
Florida	25	34	145	51
Georgia	44	43	107	39
Maryland	53	60	193	67
North Carolina	32	39	157	58
South Carolina	34	37	87	30
Virginia	32	37	195	69
West Virginia	38	43	193	67
East South Central				
Alabama	42	39	112	37
Kentucky	30	33	168	60
Mississippi	47	40	52	16
Tennessee	37	44	109	39

TABLE 108. Aid to Families with Dependent Children (AFDC) and Medicaid Recipients Under 18 Years of Age and Average Monthly AFDC Payments per Family and per Recipient, According to State: United States, 1975 (AFDC Recipients), 1978 (Payments), and 1980 (Medicaid Recipients) (Cont.)

	Poor Children[1] Receiving		Average Monthly AFDC Payment	
State	**AFDC**	**Medicaid**	**Per Family**	**Per Recipient**
	Percent of poor children		*Payment in dollars*	
West South Central				
Arkansas	26	31	148	49
Louisiana	43	41	128	39
Oklahoma	27	33	214	70
Texas	24	25	108	34
West				
Mountain				
Arizona	28	...	114	49
Colorado	45	46	208	74
Idaho	28	30	253	90
Montana	19	26	187	67
Nevada	31	29	184	66
New Mexico	30	33	161	52
Utah	35	36	263	90
Wyoming	19	20	205	78
Pacific				
Alaska	32	34	306	117
California	58	61	319	107
Hawaii	46	54	380	119
Oregon	36	47	282	102
Washington	48	51	301	105

[1] Poor children are defined as those under 18 years of age living in families with incomes (excluding Federal cash assistance payments) below the national poverty standard.

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population and on reporting by States. The percent of poor children receiving AFDC is the 1975 actual percent. The percent of poor children receiving Medicaid is based on 1975 poverty data projected to 1980 levels and 1980 estimates of Medicaid recipients. The average monthly AFDC payments are actual FY 1978 data.

SOURCES: U.S. Bureau of the Census: 1975 Survey of Income and Education. Selected data; Office of Child Health, Health Care Financing Administration: 1978 reporting by States.

TABLE 109. Medicaid Coverage for Prenatal Care to Low-Income Women Who are Pregnant for the First Time,[1] According to State: United States, 1978

State	Medicaid Coverage of Prenatal Care
Northeast	
New England	
Connecticut	0
Maine	0
Massachusetts	3
New Hampshire	0
Rhode Island	2
Vermont	3
Middle Atlantic	
New Jersey	0
New York	3
Pennsylvania	3
North Central	
East North Central	
Illinois	0
Indiana	0
Michigan	0
Ohio	1
Wisconsin	3
West North Central	
Iowa	0
Kansas	2
Minnesota	3
Missouri	0
Nebraska	2
North Dakota	2
South Dakota	1
South	
South Atlantic	
Delaware	1
District of Columbia	2
Florida	0
South Atlantic	
Georgia	0
Maryland	2
North Carolina	0
South Carolina	1
Virginia	1
West Virginia	2
East South Central	
Alabama	0
Kentucky	2
Mississippi	0
Tennessee	2
West South Central	
Arkansas	0
Louisiana	2
Oklahoma	0
Texas	0
West	
Mountain	
Arizona	...
Colorado	1
Idaho	0
Montana	2
Nevada	1
New Mexico	1
Utah	3
Wyoming	0
Pacific	
Alaska	1
California	3
Hawaii	3
Oregon	1
Washington	3

KEY: 0 = no coverage; 1 = coverage of categorically needy women only; 2 = coverage of categorically needy and medically needy women; 3 = coverage of categorically and medically needy women and women in low-income, two-parent families.

[1] These women are not yet eligible for Aid to Families with Dependent Children or Medicaid's medically needy program because they have no dependent children.

NOTE: Data are based on reporting by States.

SOURCE: Office of Child Health, Health Care Financing Administration: 1978 Medicaid State Plan data.

TABLE 110. Medicaid Coverage for Vision and Dental Services, According to State: United States, 1978

State	Coverage of Optometry and Vision Exams[1]	Annual Limits on Pairs of Eyeglasses	Coverage of Dental Services[1]	Limits on Dental Coverage
Northeast				
New England				
Connecticut	yes	1 pair	yes	no
Maine	after surgery	no, under EPSDT	yes	no, under EPSDT
Massachusetts	yes	no	yes	no
New Hampshire	yes	no	yes	emergency only
Rhode Island	yes	no	yes	no[2]
Vermont	no	...	no	...
Middle Atlantic				
New Jersey	yes	no	yes	no
New York	yes	no	yes	no
Pennsylvania	yes	yes	yes	no[2]
North Central				
East North Central				
Illinois	yes	no	yes	no
Indiana	yes	no	yes	no[2]
Michigan	yes	1 pair	yes	no
Ohio	yes	no	yes	no
Wisconsin	yes	no	yes	no
West North Central				
Iowa	yes	no	yes	no[2]
Kansas	yes	no	yes	yes
Minnesota	yes	no	yes	no
Missouri	yes	no	yes	no[2]
Nebraska	yes	no	yes	no
North Dakota	yes	1 pair	yes	no[2]
South Dakota	no	...	yes	no[2]
South				
South Atlantic				
Delaware	no	1 pair, under EPSDT	no	...
District of Columbia	yes	1 pair	yes	emergency only

TABLE 110. Medicaid Coverage for Vision and Dental Services, According to State: United States, 1978 (Cont.)

State	Coverage of Optometry and Vision Exams[1]	Annual Limits on Pairs of Eyeglasses	Coverage of Dental Services[1]	Limits on Dental Coverage
Florida	no	...	no	...
Georgia	no	1 pair, under EPSDT	yes	emergency only
Maryland	yes	1 pair	yes	emergency only
North Carolina	yes	no	yes	no
South Carolina	yes	no	yes	emergency only
Virginia	yes	1 pair	no	...
West Virginia	yes	1 pair	yes	emergency only
East South Central				
Alabama	yes	1 pair	no	...
Kentucky	no	1 pair, under EPSDT	no	...
Mississippi	after surgery	yes	yes	emergency only
Tennessee	no	...	yes	emergency only
West South Central				
Arkansas	yes	no	yes	no
Louisiana	yes	no	no	...
Oklahoma	no	...	yes	emergency only
Texas	after surgery	yes	no	...
West				
Mountain				
Arizona	...	...	...	...
Colorado	after surgery	yes	yes	surgery only
Idaho	no	...	no	...
Montana	yes	1 pair	yes	no[2]
Nevada	yes	yes	yes	emergency only
New Mexico	yes	yes	yes	no[2]
Utah	no	...	yes	emergency only
Wyoming	yes	yes	no	...
Pacific				
Alaska	yes	no	no	...
California	yes	no	yes	no[2]

Hawaii	yes	yes	yes	no
Oregon	yes	no	no	...
Washington	yes	no	yes	no

[1] Changes in regulations in 1978 made children eligible for direct referral under EPSDT if service was requested by parent or guardian.

[2] State has reported no limits.

NOTE: Data are based on reporting by States. EPSDT is the Early and Periodic Screening, Diagnosis and Treatment program.

SOURCE: Office of Child Health, Health Care Financing Administration: 1978 Medicaid State Plan data.

TABLE 111. Children Under 5 Years of Age and Pregnant Women who are Financially Eligible for, and Percent Served by the Special Supplemental Food Program for Women, Infants, and Children, According to State: United States, 1975 (Eligible) and January 1980 (Percent Served)

	Total		Children under 5 Years of Age		Pregnant Women	
State	Number Eligible	Percent Served	Number Eligible	Percent Served	Number Eligible	Percent Served
United States	8,696,085	20.3	7,246,454	18.9	1,449,631	27.1
Northeast						
New England						
Connecticut	83,472	38.6	69,560	38.5	13,912	38.9
Maine	45,908	26.1	38,757	24.9	7,151	32.3
Massachusetts	191,604	16.0	159,670	15.0	31,934	20.8
New Hampshire	28,404	15.7	23,670	15.5	4,734	16.6
Rhode Island	28,200	24.7	23,500	23.5	4,700	30.4
Vermont	22,428	71.7	18,690	68.2	3,738	89.5
Middle Atlantic						
New Jersey	237,000	18.9	197,500	18.4	39,500	21.6
New York	541,822	22.3	451,518	21.0	90,304	28.5
Pennsylvania	406,924	15.0	335,770	14.9	71,154	15.5
North Central						
East North Central						
Illinois	386,340	17.7	321,950	14.5	64,390	18.2
Indiana	205,056	11.4	170,880	10.5	34,176	15.8
Michigan	323,860	17.8	271,550	17.4	54,310	19.3
Ohio	435,492	19.3	362,916	18.7	72,582	22.1
Wisconsin	137,988	22.5	114,990	21.5	22,998	27.4
West North Central						
Iowa	90,780	20.5	75,650	19.7	15,130	24.3
Kansas	76,596	17.1	63,830	15.0	12,766	20.8
Minnesota	139,152	18.5	115,960	17.8	23,192	22.0
Missouri	161,064	20.1	134,220	18.2	26,844	30.0
Nebraska	54,800	18.0	45,667	17.5	9,133	21.3
North Dakota[2]	24,050	29.0	20,042	28.9	4,008	29.3
South Dakota	29,910	17.7	24,925	13.4	4,985	19.0
South						
South Atlantic						
Delaware	18,564	22.3	15,470	22.7	3,094	20.2
District of Columbia	...	...	...	...	...	...
Florida	338,190	17.8	281,826	15.5	56,364	28.9
Georgia	250,152	23.2	208,460	22.0	41,692	28.9
Maryland	122,604	29.1	102,170	27.6	20,434	41.5
North Carolina	236,393	32.1	196,994	30.6	39,399	39.5
South Carolina	145,364	34.9	121,120	34.3	24,244	38.0
Virginia	151,676	28.6	127,230	26.5	24,446	39.8
West Virginia	81,372	20.5	67,810	20.0	13,562	23.3
East South Central						
Alabama	186,432	25.6	155,360	26.1	31,072	22.7
Kentucky	158,416	28.0	132,080	19.3	26,416	33.4
Mississippi	144,280	35.4	120,233	36.5	24,047	29.4
Tennessee	195,024	24.3	162,520	23.8	32,504	26.7

TABLE 111. Children Under 5 Years of Age and Pregnant Women who are Financially Eligible for, and Percent Served by the Special Supplemental Food Program for Women, Infants, and Children, According to State: United States, 1975 (Eligible) and January 1980 (Percent Served) (Cont.)

	Total		Children under 5 Years of Age		Pregnant Women	
State	**Number Eligible**	**Percent Served**	**Number Eligible**	**Percent Served**	**Number Eligible**	**Percent Served**
West South Central						
Arkansas	121,992	13.4	101,660	12.8	20,332	15.7
Louisiana	198,708	27.9	165,590	26.9	33,118	33.1
Oklahoma	109,831	19.5	91,526	16.6	18,305	34.2
Texas	702,180	15.3	585,150	14.3	117,030	20.1
West						
Mountain						
Arizona	121,140	30.8	100,950	28.8	20,190	45.5
Colorado	94,380	19.4	78,650	18.0	15,730	26.1
Idaho	44,520	19.2	37,100	18.6	7,420	22.2
Montana	31,428	40.0	26,190	37.2	5,238	53.8
Nevada	24,290	33.3	20,242	30.8	4,048	45.6
New Mexico[2]	69,562	14.1	57,968	10.8	11,594	30.5
Utah	82,824	18.4	69,020	17.3	13,804	23.5
Wyoming	...	...	...	...	...	...
Pacific						
Alaska	10,866	8.9	9,055	8.1	1,811	12.9
California	765,072	16.3	637,560	13.7	127,512	29.1
Hawaii	33,948	11.5	28,290	11.7	5,658	10.4
Oregon	83,256	24.2	69,380	19.8	13,876	45.8
Washington	127,404	20.7	106,170	18.5	21,234	32.1
Indian Nations	29,776	56.8	23,677	57.1	6,099	55.4

[1] Under 200 percent poverty.

[2] For North Dakota and New Mexico, the percent served is as of February, 1980.

NOTES: Data are based on updates of the decennial census and reporting by States. The number of eligibles does not take into account nutritional risks, which, along with low income, qualify a person to receive program benefits. Persons who are nutritional risks are included in the percent served, however.

SOURCE: Supplemental Food Programs Division, Food and Nutrition Service: Data tabulated from reporting by State programs.

TABLE 112. Health Insurance Coverage of Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average

Characteristic	Population in Thousands	Total	Health Insurance Coverage	
			Covered	Not Covered
		Percent distribution of population		
Total under 18 years of age[1]	65,722	100.0	76.0	24.0
Age				
Under 6 years	19,217	100.0	70.8	29.2
6–11 years	21,471	100.0	75.3	24.7
12–17 years	25,034	100.0	77.5	22.5
Sex				
Male	33,436	100.0	75.1	24.9
Female	32,286	100.0	74.5	25.5
Race				
White	54,967	100.0	79.3	20.7
Black	9,831	100.0	50.2	49.8
Other	924	100.0	67.1	33.0
Family income				
Under $5,000	7,707	100.0	27.2	72.8
$5,000–$9,999	13,634	100.0	60.4	39.6
$10,000–$14,999	15,647	100.0	85.7	14.3
$15,000 or more	23,776	100.0	92.5	7.5
Parental presence				
Both parents present	52,732	100.0	83.0	17.0
Mother only present	10,126	100.0	47.7	52.3
Neither parent present	2,204	100.0	46.2	53.8
Education of family head				
8 years or less	10,945	100.0	52.3	47.8
9–11 years	11,552	100.0	61.4	38.6
12 years	23,053	100.0	80.2	19.9
13–15 years	8,946	100.0	84.3	15.7
16 or more years	10,578	100.0	93.9	6.1
Family size				
3 or fewer persons	11,593	100.0	71.6	28.4
4 persons	18,842	100.0	80.2	19.8
5 persons	15,228	100.0	79.2	20.8
6 or more persons	20,059	100.0	68.2	31.8
Residence				
Within SMSA	47,907	100.0	76.1	23.9
Large SMSA	26,192	100.0	76.8	23.2
Core counties	17,203	100.0	72.0	28.0
Fringe counties	8,989	100.0	86.1	13.9
Medium SMSA	15,196	100.0	75.8	24.2
Other SMSA	6,519	100.0	73.8	26.2
Outside SMSA	17,815	100.0	71.4	28.6
Adjacent to SMSA	11,795	100.0	72.2	27.8
Not adjacent to SMSA	6,020	100.0	70.0	30.0

TABLE 112. Health Insurance Coverage of Children and Youths Under 18 Years of Age, According to Selected Characteristics: United States, 1975–76 Annual Average (Cont.)

			Health Insurance Coverage	
Characteristic	Population in Thousands	Total	Covered	Not Covered
		Percent distribution of population		
Region				
Northeast	14,700	100.0	79.0	21.0
North Central	17,545	100.0	82.8	17.2
South	21,644	100.0	67.8	32.2
West	11,833	100.0	70.6	29.4

[1] Includes children living with father only and unknown family income and education of head, not shown as separate categories. noninstitutionalized population.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 113. Health Care Coverage of Children and Youths Under 18 Years of Age, According to Type of Coverage and Selected Characteristics: United States, 1976

Characteristic	Type of Coverage[1]: Private Insurance[2] or Medicare[3]: Number of Persons in Thousands	Private Insurance[2] or Medicare[3]: Percent of Population	Medicaid[4]: Number of Persons in Thousands	Medicaid[4]: Percent of Population	Other Programs[5]: Number of Persons in Thousands	Other Programs[5]: Percent of Population	No Insurance: Number of Persons in Thousands	No Insurance: Percent of Population
Total under 18 years[6]	48,197	73.9	6,662	10.2	2,004	3.1	7,577	11.6
Age								
Under 6 years	13,237	70.0	2,373	12.5	631	3.3	2,469	13.1
6–11 years	15,906	74.6	2,259	10.6	596	2.8	2,317	10.9
12–17 years	19,054	76.4	2,030	8.1	777	3.1	2,791	11.2
Sex								
Male	24,708	74.5	3,361	10.1	1,005	3.0	3,751	11.3
Female	23,489	73.4	3,301	10.3	999	3.1	3,826	12.0
Color								
White	42,698	78.5	3,547	6.5	1,718	3.2	5,845	10.7
All other	5,498	51.0	3,115	28.9	286	2.7	1,732	16.1
Family income								
Under $5,000	1,734	24.8	3,293	47.1	61	0.9	1,801	25.8
$5,000–$9,999	7,536	58.2	2,006	15.5	500	3.9	2,751	21.2
$10,000–$14,999	12,634	84.3	429	2.9	587	3.9	1,192	7.9
$15,000 or more	22,381	91.9	[7]246	[7]1.0	672	2.8	848	3.5

Residence								
Within SMSA								
Central city	11,769	65.4	3,333	18.5	528	2.9	2,192	12.2
Outside central city	21,371	81.8	1,629	6.2	794	3.0	1,996	7.6
Outside SMSA								
Nonfarm	13,594	71.6	1,637	8.6	646	3.4	2,869	15.1
Farm	1,463	69.9	62	3.0	36	1.7	521	24.9
Region								
Northeast	11,317	78.2	1,933	13.4	120	0.8	941	6.5
North Central	14,257	81.9	1,573	9.0	142	0.8	1,292	7.4
South	14,356	66.9	1,921	9.0	1,088	5.1	3,781	17.6
West	8,267	69.7	1,235	10.4	653	5.5	1,563	13.2

[1] Includes 432,944 children and youths who had hospital insurance, but the kind of coverage was unknown, and 311,817 who did not know if they were covered by health insurance.

[2] Includes all persons with private hospital insurance coverage whether or not they have other coverage (e.g., Medicaid) as well.

[3] Includes those who have Medicare with no other public or private coverage.

[4] Includes those who did not have private insurance or Medicare, and reported either (1) receipt of Medicaid services in the previous year, (2) eligibility for Medicaid as a reason for not having other coverage, or (3) receipt of benefit payments under Aid to Families with Dependent Children or Supplemental Security Income in the past year.

[5] Includes military (Civilian Health and Medical Program of the Uniformed Services), Veterans Administration, private surgical coverage only, and professional courtesy as reasons for holding no other type of public or private coverage.

[6] Includes unknown family income, not shown as a separate category.

[7] Persons with high incomes can qualify for Medicaid in at least two ways: (1) previous year's income was high, yet family dissolution or catastrophic illness during the current year could result in Medicaid eligibility; (2) in certain States, large families with incomes in excess of $15,000 could qualify for Medicaid coverage.

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. To avoid multiple counting of individuals, these estimates were derived by assigning each individual to one coverage category only. Persons with both private insurance and Medicare, for example, were placed in the private insurance category. As a result, Medicare and Medicaid estimates do not correspond to counts available from those programs.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 114. Sources of Payment for Ambulatory Care for Children and Youths Under 18 Years of Age With Ambulatory Care in the Past Year, According to Selected Characteristics: United States, 1974

			Source of Payment[1]					
				Public Payment				
Characteristic	Population	Population With Ambulatory Care in Past Year	Private Health Insurance	Total	Medicaid or Welfare	Other Public Sources	Direct Payment	Other and Unknown
	In thousands		Percent of population with ambulatory care					
Total under 18 years[2]	67,247	50,086	27.2	14.8	11.0	3.9	78.5	6.0
Age								
Under 6 years	19,649	17,517	26.7	17.0	12.8	4.3	79.5	4.8
6–11 years	22,155	15,257	27.1	13.9	10.7	3.2	79.4	5.4
12–17 years	25,443	17,312	27.8	13.5	9.6	4.0	76.6	7.7
Sex								
Male	34,239	25,550	29.6	14.1	10.3	3.9	78.4	6.1
Female	33,008	24,536	24.7	15.6	11.8	3.9	78.5	5.8
Race								
White	56,493	42,764	28.9	11.2	7.3	4.0	82.5	5.3
Black	9,628	6,451	14.5	38.9	36.1	3.2	51.9	9.9
Other	1,125	870	36.1	15.0	10.0	5.0	74.9	10.5
Health status								
Excellent or good	63,759	47,170	27.0	13.9	10.1	3.9	79.2	5.9
Fair or poor	3,129	2,655	30.8	31.2	27.7	3.7	66.1	6.2

Family income							
Under $5,000	8,029	5,719	6.3	55.2	51.9	3.5	42.4	8.8
$5,000–$9,999	15,392	10,819	22.2	20.5	15.4	5.3	73.8	6.2
$10,000–$14,999	18,829	14,229	31.0	7.3	3.5	3.9	85.1	5.4
$15,000 or more	21,287	16,713	35.2	3.9	0.9	3.1	89.0	4.5
Residence								
Within SMSA	46,097	35,423	28.0	15.3	11.6	3.7	77.7	5.9
Central city	19,227	14,365	24.0	23.8	20.5	3.6	68.4	6.8
Outside central city	26,871	21,058	30.7	9.4	5.6	3.8	84.0	5.3
Outside SMSA	21,150	14,663	25.3	13.8	9.6	4.2	80.4	6.1
Nonfarm	18,669	13,041	25.6	14.9	10.3	4.6	79.0	6.4
Farm	2,481	1,622	22.8	4.8	4.1	0.7	91.9	3.9
Region								
Northeast	15,187	11,956	26.6	15.2	13.8	1.5	77.2	5.1
North Central	18,351	13,651	28.0	11.3	9.6	1.7	81.8	5.5
South	21,446	15,560	21.2	16.1	10.1	6.1	79.3	6.6
West	12,263	8,920	37.2	17.6	11.1	6.5	73.6	6.8

[1] Numbers may not add to 100 because more than one source of payment was possible.

[2] Includes unknown family income, not shown as a separate category.

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.

SOURCE: Division of Health Interview Statistics, National Center for Health Statistics: Data from the Health Interview Survey.

TABLE 115. Consumer Price Index,[1] According to Expenditure Category: United States, 1935–79 Selected Years

	Expenditure Category							
Year[2]	All Items	Food	Apparel	Housing	Transportation	Medical Care	Entertainment	Other Goods and Services
				Consumer Price Index				
1935	41.1	36.5	40.8	49.3	42.6	36.1	41.8	44.6
1940	42.0	35.2	42.8	52.4	42.7	36.8	46.1	48.3
1945	53.9	50.7	61.5	59.1	47.8	42.1	62.4	56.9
1950	72.1	74.5	79.0	72.8	68.2	53.7	74.4	60.9
1955	80.2	81.6	84.1	82.3	77.4	64.8	76.7	79.8
1960	88.7	88.0	89.6	90.2	89.6	79.1	87.3	87.8
1965	94.5	94.4	93.7	94.9	95.9	89.5	95.9	94.2
1966	97.2	99.1	96.1	97.2	97.2	93.4	97.5	97.2
1967	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1968	104.2	103.6	105.4	104.2	103.2	106.1	104.7	104.6
1969	109.8	108.9	111.5	110.8	107.2	113.4	108.7	109.1
1970	116.3	114.9	116.1	118.9	112.7	120.6	113.4	116.0
1971	121.3	118.4	119.8	124.3	118.6	128.4	119.3	120.9
1972	125.3	123.5	122.3	129.2	119.9	132.5	122.8	125.5
1973	133.1	141.4	126.8	135.0	123.8	137.7	125.9	129.0
1974	147.7	161.7	136.2	150.6	137.7	150.5	133.8	137.2
1975	161.2	175.4	142.3	166.8	150.6	168.6	144.4	147.4
1976	170.5	180.8	147.6	177.2	165.5	184.7	151.2	153.3
1977	181.5	192.2	154.2	189.6	177.2	202.4	157.9	159.2
1978	195.3	206.2	159.5	202.6	185.8	219.4	176.2	183.2
1978	195.4	211.4	159.6	202.8	185.5	219.4	176.6	183.3
1979	217.4	234.5	166.6	227.6	212.0	239.7	188.5	196.7

[1] 1967 = 100.

[2] Data for 1935–78 are for urban wage and clerical workers. Data for 1978 are repeated for all urban consumers, a new index introduced by the Bureau of Labor Statistics in January 1978. Data for 1979 are for all urban consumers.

NOTE: Data are based on reporting by samples of providers and other retail outlets.

SOURCE: Health Insurance Institute: *Source Book of Health Insurance Data: 1979–1980.* Washington, 1980.

TABLE 116. Consumer Price Index[1] for All Items and Selected Medical Care Components: United States 1950–79, Selected Years

Item and Medical Care Component	Year[2]									
	1950	1955	1960	1965	1970	1975	1976	1977	1978	1979
	Consumer Price Index									
CPI, all items	72.1	80.2	88.7	94.5	116.3	161.2	170.5	181.5	195.4	217.4
Less medical care	---	---	89.4	94.9	116.1	160.9	169.7	180.3	194.0	216.1
CPI, all services	58.7	70.9	83.[illegible]	92.2	121.6	166.6	180.4	194.3	210.9	234.2
All medical care	53.7	64.8	79.1	89.5	120.6	168.6	184.7	202.4	219.4	239.7
Medical care services	49.2	60.4	74.9	87.3	124.2	179.1	197.1	216.7	235.4	258.3
Professional services										
Physicians' fees	55.2	65.4	77.0	88.3	121.4	169.4	188.5	206.0	223.1	243.6
General physician, office visit	54.9	65.4	75.9	87.3	122.6	173.9	193.8	212.1	---	---
General physician, house visit	52.9	61.2	75.0	87.6	122.4	170.5	189.8	205.7	---	---
Tonsillectomy and adenoidectomy	60.7	69.0	80.3	91.0	117.1	163.3	179.2	200.2	---	---
Obstetrical cases	51.2	68.6	79.4	89.0	121.8	167.2	192.1	207.8	---	---
Pediatric care, office visits	---	---	---	85.8	122.7	172.5	192.7	213.1	---	---
Dentists' fees	63.9	73.0	82.1	92.2	119.4	161.9	172.2	185.1	198.1	214.8
Other professional services										
Examination, prescription and dispensing eyeglasses	73.5	77.0	85.1	92.8	113.5	149.6	158.9	168.2	---	---
Medical care commodities										
Prescription drugs	92.6	101.6	115.3	102.0	101.2	109.3	115.2	122.1	131.6	141.8
Supplements, cough and cold preparations, and respiratory agents[3]	---	---	---	---	---	---	---	---	103.4	109.6

TABLE 116. Consumer Price Index[1] for All Items and Selected Medical Care Components: United States 1950–79, Selected Years (Cont.)

Item and Medical Care Component	Year[2]									
	1950	1955	1960	1965	1970	1975	1976	1977	1978	1979
	Consumer Price Index									
Selected nonmedical items										
Gasoline	---	---	---	---	117.9	170.8	177.9	188.2	196.3	265.6
Food	---	---	---	108.8	132.4	175.4	180.8	192.2	211.4	234.5

[1] 1967 = 100.

[2] Data for 1950–77 are for urban wage and clerical workers. Data for 1978 and 1979 are for all urban consumers, a new index introduced by the Bureau of Labor Statistics, Jan. 1978.

[3] Dec. 1977 = 100.

NOTE: Data are based on reporting by samples of providers and other retail outlets.

SOURCE: Bureau of Labor Statistics, U.S. Department of Labor: *Consumer Price Index*. Various releases.

TABLE 117. Consumer Price Index[1] for Medical Care Items, According to Expenditure Category: United States, 1947–79 Selected Years

	Expenditure Category					
Year[2]	All Medical Care Items	Physicians' Fees	Dentists' Fees	Hospital Room	Prescription Drugs	Over the Counter Drugs
			Consumer Price Index			
1947	48.1	51.4	56.9	23.1	---	---
1950	53.7	55.2	63.9	30 3	92.6	---
1955	64.8	65.4	73.0	42.3	101.6	---
1960	79.1	77.0	82.1	57.3	115.3	---
1965	89.5	88.3	92.2	75.9	102.0	98.0
1966	93.4	93.4	95.2	83.5	101.8	99.0
1967	100.0	100.0	100.0	100.0	100.0	100.0
1968	106.1	105.6	105.5	113.6	98.3	102.5
1969	113.4	112.9	112.9	128.8	99.6	103.2
1970	120.6	121.4	119.4	145.4	101.2	106.2
1971	128.4	129.8	127.0	163.1	101.3	110.3
1972	132.5	133.8	132.3	173.9	100.9	111.3
1973	137.7	138.2	136.4	182.1	100.5	112.4
1974	150.5	150.9	146.8	201.5	102.9	117.5
1975	168.6	169.4	161.9	236.1	109.3	130.1
1976	184.7	188.5	172.2	268.6	115.2	138.9
1977	202.4	206.0	185.1	299.5	122.1	148.5
1978	219.4	223.3	199.3	331.6	132.1	159.1
1978	219.4	223.1	198.1	332.4	131.6	159.0
1979	239.7	243.6	214.8	370.3	141.8	170.7

[1] 1967 = 100.

[2] Data for 1935–78 are for urban wage and clerical workers. Data for 1978 are repeated for all urban consumers, a new index introduced by the Bureau of Labor Statistics in January 1978. Data for 1979 are for all urban consumers.

NOTE: Data are based on reporting by samples of providers and other retail outlets.

SOURCE: Health Insurance Institute: *Source Book of Health Insurance Data: 1979–1980.* Washington, 1980.

TABLE 118. Annual Percent Change in the Consumer Price Index,[1] According to Expenditure Category: United States, 1947–79 Selected Years

	Expenditure Category						
Year[2]	All Items	All Medical Care Items	Physicians' Fees	Dentists' Fees	Hospital Room	Prescription Drugs	Over the Counter Drugs
	Annual percent change						
1947	14.4	8.3	6.4	8.4	17.3	9.9	---
1950	11.0	1.9	1.5	2.4	3.4	2.7	---
1955	–0.4	2.2	3.5	1.0	4.2	1.4	---
1960	1.6	3.5	2.5	2.0	6.9	–0.3	---
1965	1.7	2.5	3.6	3.1	5.6	–1.1	0.7
1966	2.9	4.4	5.8	3.3	10.0	–0.2	1.0
1967	2.9	7.1	7.1	5.0	19.8	–1.8	1.0
1968	4.2	6.1	5.6	5.5	13.6	–1.7	2.5
1969	5.4	6.9	6.9	7.0	13.4	1.3	0.7
1970	5.9	6.3	7.5	5.8	12.9	1.6	2.9
1971	4.3	6.5	6.9	6.4	12.2	0.1	3.9
1972	3.3	3.2	3.1	4.2	6.6	–0.4	0.9
1973	6.2	3.9	3.3	3.1	4.7	–0.4	1.0
1974	11.0	9.3	9.2	7.6	10.7	2.4	4.5
1975	9.1	12.0	12.3	10.3	17.2	6.2	10.7
1976	5.8	9.5	11.3	6.4	13.8	5.4	6.8
1977	6.5	9.6	9.3	7.5	11.5	6.0	6.9
1978	7.6	8.4	8.4	7.7	10.7	8.2	7.1
1979	11.3	9.3	9.2	8.4	11.4	7.8	7.4

[1] 1967 = 100.

[2] Data for 1947–78 are for urban wage and clerical workers. Data for 1979 are for all urban consumers, a new index introduced by the Bureau of Labor Statistics in January 1978.

NOTE: Data are based on reporting by samples of providers and other retail outlets.

SOURCE: Health Insurance Institute: *Source Book of Health Insurance Data: 1979–1980.* Washington, 1980.

TABLE 119. Average Fee for Initial and Followup Office Visits and for Periodic Examinations, According to Physician Specialty, Type of Visit, and Division: United States, 1978

Type of Visit and Division	Specialty				
	All Specialties	Pediatrics	General and Family Practice	Internal Medicine	Obstetrics and Gynecology
	Average fee in dollars				
Initial office visit					
All divisions	$27.60	$19.03	$16.55	$32.53	$29.85
New England	26.13	16.08	15.03	26.45	28.24
Middle Atlantic	31.31	19.93	15.88	34.96	33.96
East North Central	24.91	17.22	15.86	31.88	25.58
West North Central	20.95	15.00	13.72	29.51	23.18
South Atlantic	28.40	19.65	16.50	31.37	32.70
East South Central	23.74	17.75	15.48	33.91	29.43
West South Central	25.95	19.13	15.67	36.50	25.61
Mountain	24.28	17.75	14.00	28.63	26.58
Pacific	31.78	22.36	21.09	35.01	32.17
Followup office visit					
All divisions	17.74	13.72	12.15	16.83	18.23
New England	17.79	13.58	12.03	15.87	18.85
Middle Atlantic	21.23	15.28	11.93	19.14	21.20
East North Central	15.76	12.40	11.47	15.44	15.39
West North Central	13.11	11.67	9.87	14.11	13.00
South Atlantic	18.06	13.70	12.28	16.61	19.57
East South Central	14.60	12.75	10.51	14.79	17.00
West South Central	15.23	12.47	11.28	15.70	14.23
Mountain	16.07	12.75	11.26	15.17	16.42
Pacific	20.13	15.19	15.36	18.93	20.06
Periodic examination					
All divisions	31.40	18.73	30.88	43.18	24.94
New England	26.47	15.00	24.41	33.98	23.67
Middle Atlantic	30.81	18.57	30.12	41.10	25.35
East North Central	27.17	17.70	24.33	40.08	22.56
West North Central	28.32	14.17	27.08	45.37	21.09
South Atlantic	34.64	15.11	35.34	50.21	27.70
East South Central	27.13	16.00	24.59	36.75	21.14
West South Central	26.44	14.57	22.62	38.02	22.61
Mountain	30.70	*	31.08	40.67	18.92
Pacific	40.41	26.59	44.71	50.19	28.96

NOTE: Data are based on reporting by physicians.

SOURCE: American Academy of Pediatrics: *Demographic and Socioeconomic Fact Book on Child Health Care*. Chicago, 1980. (Copyright 1980: Used with the permission of the American Academy of Pediatrics and the American Medical Association.)

TABLE 120. Average Fee for Initial[1] and Followup[2] Office Visits and Average Annual Percent Change in Fee, According to Type of Visit and Physician Specialty: United States, 1970–78 Selected Years

Type of Visit and Physician Specialty	Year				Change in Fee			
	1970	1973	1975	1978	1970–78	1970–73	1973–75	1975–78
Initial visit	*Average fee in dollars and cents*				*Average annual percent change*			
Pediatrics	$9.95	$12.20	$16.18	$19.03	8.4	7.0	15.2	5.6
General and family practice	8.46	10.74	13.11	16.55	8.8	8.3	10.5	8.1
Internal medicine	17.81	20.51	26.11	32.53	7.8	4.8	12.8	7.6
Obstetrics–gynecology	14.23	19.68	23.57	29.85	9.7	11.4	9.4	8.2
Followup visit								
Pediatrics	---	8.65	11.07	13.72	[3]9.7	---	13.1	7.4
General and family practice	---	7.52	9.29	12.15	[3]10.1	---	11.2	9.4
Internal medicine	---	11.13	13.56	16.83	[3]8.6	---	10.4	7.5
Obstetrics–gynecology	---	11.53	13.73	18.23	[3]9.6	---	9.1	9.9

[1] An initial office visit is defined as "office visit, new patient, brief evaluation, history, examination, and/or treatment."

[2] A followup office visit is defined as "office visit, established patient, brief examination, evaluation, and/or treatment, same or new illness."

[3] Average annual percent change for 1973–78.

NOTE: Data are based on reporting by physicians.

SOURCE: American Academy of Pediatrics: *Demographic and Socioeconomic Fact Book on Child Health Care*. Chicago, 1980. (Copyright 1980: Used with the permission of the American Academy of Pediatrics and the American Medical Association.)

	Time Trend	Age	Sex	Color/ Race/ Ethnicity	Family Income/ Poverty Status
I. Health status and determinants					
A. Population					
Demographic		1, 3		1	
Social and economic		4		5, 6	
B. Fertility					
General		7, 9		7	
Expected births		10		10	
Adolescent		11, 12, 13		11, 12, 13	
Unmarried		13		13, 14	
Contraception and abortion		16, 67		15, 16, 67	
C. Mortality					
Infant, fetal, and perinatal		18, 19		17, 19	
Children and youth by cause		22		20, 21, 22	
D. Determinants					
Medical care—See Utilization					
Immunization by disease		24		24	
Usual place of care		26, 27, 28, 29, 30, 31		26, 27, 28, 29, 30, 31	
Breast feeding				32	
Food consumption by food group		33, 34		33, 34	
Special diet		35			
Substance use by type of substance		36, 37, 39, 40			
Cigarette smoking		38			
Fluoridation					
Housing conditions		42, 43, 44		42, 43, 44	
School health programs, by type					
Activities		46		46	
E. Measures of health					
Low birth weight		48, 70		47, 48, 70	
Height, weight, and hemoglobin		49, 50, 59			
Parental assessment of health		51		51	
Limitation of activity		52		52	
Disability days by type		54		54	

			Geographic Variables			
Parental Presence, Sex of Head, Marital Status	Education	Family Size	Location or Residence	Region	State	Other
			[illegible]	2		
5, 6						4, 6
					[illegible]	9
					[illegible]	
16		16				16, 67
					[illegible]	18
						20, 21, 22
			[illegible]		[illegible]	23, 24, 25, 58
			[illegible]	26, 27		26, 27, 28, 29, 30, 31
	[illegible]			32		32
42, 43, 44	[illegible]	42, 43, 44	[illegible]	42, 43, 44		94
					[illegible]	99
	[illegible]	46	[illegible]	46		
70	[illegible]	70			[illegible]	48, 18
51	[illegible]	51	[illegible]	51		78, 79, 114, 26, 27
52	[illegible]	52	[illegible]	52		53
54	[illegible]	54	[illegible]	54		

	Time Trend	Age	Sex	Color/ Race/ Ethnicity	Family Income/ Poverty Status
Acute conditions, by type					
Injuries		56, 57			
Notifiable diseases					
Dental decay		60, 61, 62		61, 62	
Handicaps by type		63			
Arrests by type of crime		65			
Pre-induction disqualification				66	

Parental Presence, Sex of Head, Marital Status	Education	Family Size	Geographic Variables			Other
			Location or Residence	Region	State	
						55
						56, 57, 77
						63
				66		

	Place or Specialty	Age	Sex	Color/ Race/ Ethnicity	Family Income/ Poverty Status
II. Utilization of Health Resources					
A. Ambulatory					
Family planning		67, 16		67, 15, 16	
Prenatal care		68, 69, 70		68, 70, 71, 72, 73	
Contacts with physicians					
Interval and number		74		74	[illegible]
Source or place		75, 78		75, 78	[illegible]
Reason		76		76	[illegible]
Injuries					[illegible]
Visits					
Place		79, 26, 27, 28, 29, 30, 31		79, 26, 27, 28, 29, 30, 31	[illegible]
Office visits		80			
Office visits by diagnosis		81			
Dental visits					
Interval and number		87		87	
Psychiatric services		88		88	
B. Inpatient					
Hospitalization and days		90, 88		90, 88	
Diagnosis					
Surgical procedures		92, 93, 16		16, 15	
III. Health Care Resources					
A. Personnel and facilities					
Satisfaction		94		94	
Physicians					
Dentists					
Nurses					
Practical					
Dental hygienists					
Community hospital beds					
Accessible schools					

			Geographic Variables			
Parental Presence, Sex of Head, Marital Status	Education	Family Size	Location or Residence	Region	State	Other
16		16				67, 15, 16
69, 70		69, 70		71, 73		68
74		74		74		
				78		78
76		76		76		
				79, 26, 27		79, 28, 29, 30, 31
						83, 84, 85, 86
87		87		87		60
						89
90		90		90		
						89
16		16		93		92, 93, 16, 15
94		94		94		
				95, 71, 73		
				95		
				95		
				95		
				95		
						98
				99		

Guide to Tables (Cont.)

	Time Trends	Age	Social and Demographic Characteristics
IV. Health Care Costs and Financing	[redacted]		[redacted]
A. Expenditures	[redacted]		[redacted]
National	[redacted]		[redacted]
Personal	[redacted]		[redacted]
Type of expenditure	[redacted]	103, 104, 106	[redacted]
Source of funds	[redacted]	102, 103, 104, 105, 106	[redacted]
B. Financing	[redacted]		[redacted]
Public programs	[redacted]		[redacted]
AFDC	[redacted]		[redacted]
Medicaid	[redacted]	114, 28, 29, 30, 31	[redacted]
WIC	[redacted]		[redacted]
Health insurance	[redacted]	112, 113, 28, 29, 30, 31	[redacted]
Source of payment	[redacted]	114	[redacted]
C. Cost	[redacted]		[redacted]
Consumer Price Index by type	[redacted]		[redacted]
Fees by physician specialty	[redacted]		[redacted]

Economic Characteristics	Residence	Region or Division	State	Other
113, 114, 28, 29, 30, 31		113, 114		28, 29, 30, 31
112, 113, 28, 29, 30, 31		112, 113		28, 29, 30, 31
114		114		
		119		

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